

**The Department of Veterans Affairs'
Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
Fiscal Year 2000**

June 2001

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Acknowledgements

The PR RTP programs proceed under the guidance of Lawrence Lehmann MD and Mary A. Jansen PhD, Chief and Deputy Chief Consultant Mental Health Strategic Health Group (MHS HG), respectively; and are collaboratively developed by consultation with Christine Woods, Richard Suchinsky MD, William Van Stone MD, Robert Gresen PhD, Anthony Campinell MA and Jamie Ploppert of the MHS HG with assistance from Judy Patten.

Members of PR RTP treatment teams aided the preparation of this report nationally by providing annual report information. At the Northeast Program Evaluation Center (NEPEC) we would like to thank Bernice Zigler for her expertise in data management and computer programming.

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June 2001

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The Department of Veterans Affairs'
Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
Fiscal Year 2000

In 1995 the Department of Veterans Affairs responded to the need for alternatives to high intensity psychiatric hospitalization for Seriously Mentally Ill (SMI) veterans by creating the Psychosocial Residential Rehabilitation Treatment Program (PRRTP)¹. The PRRTP program, now in its sixth year of operation, provides a level of VA bed care that complements acute inpatient psychiatric treatment and provides continuity of care to veterans with serious mental illnesses and addictive disorders who require symptom reduction, additional structure and supervision to address their multiple and severe psychosocial deficits, including homelessness. Currently there are 103 programs at 61 medical centers with a total of 2,075 operating beds. This report, the fifth in a series of progress reports, describes the ongoing operation of PRRTPs during fiscal year 2000.

A. Psychosocial Residential Rehabilitation Treatment Programs (PRRTP)

Designed to improve the quality of life, promote health maintenance and to diminish reliance on more resource intensive forms of VA treatment, PRRTPs provide a 24-hour-per-day, 7-day-per-week structured therapeutic milieu for veterans with mental illnesses and/or addictive disorders. Veterans are required to participate in rehabilitative activities at least 4 hours per day, 7 days per week (VHA Directive 2001-010 dated March 1, 2001 - see Appendix A). In order to be eligible for this level of care, veterans must have a psychiatric and/or psychosocial need, must be clinically stable, must be able to function outside of an acute inpatient program and, must be capable of self-preservation in case of an emergency.

PRRTPs allow for maximum flexibility of program design based on the diverse needs of the veteran population. There is flexibility in the structure used for service delivery, in the types and number of clinicians and para-professionals staffing the program, in the length of program duration and, in the size and physical location of the program.

There are two basic PRRTP models for service delivery. The first PRRTP service delivery model is an ***all-inclusive residential model*** where staff dedicated to the PRRTP provides all the treatment and psychosocial rehabilitative services to veterans in the program. The second model is a ***supportive residential model*** whereby the intensive treatment is provided outside the residence through VA outpatient treatment services (e.g. outpatient substance abuse, Compensated Work Therapy, day treatment programs etc). However, PRRTP staff are responsible for screening and assessment, treatment/rehabilitation plan development, case management, 24 hours per day / 7 days per week supervision or callback and, providing the supportive residential rehabilitative environment during evenings, nights and weekends.

The PRRTP program requires a multidisciplinary team. The team may include clinicians

¹ Formerly called the Psychiatric Residential Treatment Program (PRRTP).

from outpatient programs where veterans participating in the PR RTP program are receiving treatment and rehabilitation. In some PR RTP programs (e.g. Compensated Work Therapy / Transitional Residences), a senior resident or graduate of the program or non-professional staff may supervise the residence during evenings, nights and/or weekends. These individuals are trained for these house manager responsibilities and have available back up of PR RTP professional staff by pager/phone for any emergencies that may arise at the residence.

PR RTP Categories

There are seven categories of PR RTPs (see VHA Directive 2001-010, Appendix A), classified as follows:

- (1) **SAR RTP** - a Substance Abuse Residential Rehabilitation Treatment Program targeting veterans with substance abuse disorders;
- (2) **General PR RTP** - a Psychiatric Residential Rehabilitation Treatment Program targeting a general psychiatric patient population;
- (3) **PR RP** - a PTSD Residential Rehabilitation Program targeting veterans with post-traumatic stress disorder (PTSD);
- (4) **SA CWT/TR** - a Substance Abuse Compensated Work Therapy / Transitional Residence Program;
- (5) **HCM I CWT/TR** - a Homeless Chronically Mentally Ill Compensated Work Therapy / Transitional Residence Program;
- (6) **PTSD CWT/TR** - a Posttraumatic Stress Disorder Compensated Work Therapy / Transitional Residence Program, and;
- (7) **General CWT/TR** - a Compensated Work Therapy / Transitional Residence Program that is not targeted exclusively for any particular psychiatric condition.

Each of the above PR RTP categories has it's own CDR (Cost Distribution Report) account and PTF (Patient Treatment File) Treating Specialty Code. During FY 2000 all seven PR RTP categories were operational.

B. Evaluation and Monitoring Methods

The Northeast Program Evaluation Center (NEPEC) located at VA Connecticut Healthcare System, West Haven Campus, has been mandated by VHA Headquarters to evaluate PR RTPs. The goals of the evaluation are twofold; first, to provide an ongoing assessment of this relatively new bed level of care and second, to provide a description of the veterans receiving treatment in this program and the types of services provided. Findings from the previous progress reports indicate that as the number of PR RTP programs continue to expand they provide important treatment and rehabilitative services to special high risk patient populations; homeless veterans, veterans with substance abuse problems, female veterans, the elderly and those veterans with severe and chronic mental disabilities, including veterans with PTSD ².

² Medak, Seibyl and Rosenheck (2000). Summary Results of the FY1999 Psychosocial Residential

Data Sources. Two types of data are used to generate this report: 1) program-specific data, and 2) patient-specific data. *Program-specific data* are obtained from annual narratives submitted to NEPEC at the end of each fiscal year as mandated by VHA Directive 2001-010. The narrative, a 4-page data form utilizing a simple check format (see Appendix B) includes information on the number of operational beds, staffing, the types of veterans being served by the program and the services provided. *Patient-specific data* are obtained from VA's inpatient Patient Treatment File (PTF) and extended care file in Austin, Texas. The following information was obtained from these two Austin files: 1) the number of veterans discharged from PRRTPs during FY 2000, 2) mean length of stay, 3) gender, 4) ethnicity, 5) compensation status, and 6) clinical psychiatric diagnoses (see Tables 5a – 5g). NEPEC performed two data reviews of the FY 2000 PTF and extended care datasets during FY 2000 in hopes of identifying medical center facilities with coding problems and correct errors, if possible. Generally the number of coding problems have decreased since the previous fiscal years, however, several types of coding errors still exist. First, 10 medical centers reported discharges in the PTF and did not have a PR RTP program type that corresponded to the PTF code used (see Appendix C). These 302 discharges were excluded from the data analyses generated for this report. Second, a number of medical centers with PR RTPs used the incorrect PR RTP category code. Since the occurrence of this error type was minimal during FY 2000, patient-specific analyses were conducted by PR RTP category and adjustments were made by NEPEC to correct errors (see footnotes in Tables 13a – 13f). And finally, a number of VA medical centers with known PR RTPs under-reported PR RTP discharges in the PTF during FY 2000.

Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Seibyl, Medak and Rosenheck (1999) Summary Results of the FY 1998 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Seibyl, Medak and Rosenheck (1998) Summary Results of the FY 1997 Psychosocial Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center. Rosenheck, Medak and Seibyl (1997) Summary Results of the FY 1996 Psychiatric Residential Rehabilitation Treatment Program (PR RTP). West Haven, CT: Northeast Program Evaluation Center.

C. Results

This narrative provides information for program managers at the national level, VISN level and local medical center level by presenting a series of 19 tables (see Appendix D). Tables 1 - 5 contain national data for the program overall as well as for each PR RTP category, Tables 6 - 12 summarizes data by VISN, Tables 13a – 13f present the number of discharges and length of stay by PR RTP category and VA medical center facility based on data from the Austin data files, and the remaining tables (Tables 14 - 19), present summary data organized by individual PR RTPs within each PR RTP category. Highlighted below are key findings:

- * data for this report were obtained on 103 PR RTPs with a total of 2,075 beds located at 61 VA medical facilities across the country that were operational during all or part of FY 2000 (Table 1a).

- * compared to the previous fiscal year, there were five more PR RTP programs (103 programs in FY 2000 vs. 98 programs in FY 1999) and 103 more beds (2,075 beds in FY 2,000 vs. 1972 beds in FY 1999) in operation during all or part of FY 2000 (Table 1b).

- * of the 103 PR RTPs operational during all or part of FY 2000, 36.9% (n=38) were SAR RTPs, targeting veterans with alcohol or drug abuse problems, 21.4% (n=22) were SA, HCMI, PTSD or General CWT/TR programs targeting veterans with concomitant problems of either substance abuse, mental illness or homelessness with vocational deficits; 24.3% (n=25) were general PR RTPs targeting veterans with general psychiatric problems and 17.5% (n=18) were PR RTPs, targeting veterans with PTSD (Table 1).

- * special patient populations most frequently targeted for services are homeless mentally ill veterans (98 programs), female veterans (58 programs), elderly veterans (43 programs) and veterans with AIDS or HIV (40 programs)(Table 1).

- * PR RTPs continue to emphasize a variety of treatment and rehabilitative services such as discharge planning (98.1%), assessment and diagnosis (97.1%), group counseling (96.1%), individual counseling (93.9%), relapse prevention and substance abuse counseling (95.1%), individual counseling (94.2%), crises intervention and social skills training (92.2%), medication management (91.3%), daily living skills training and self-help groups (88.3%), occupational/recreational therapy (87.4%), couples/family counseling (76.7%), money management (72.8%) work therapy (68.9%) (Table 2). The degree of emphasis among these services is variable among the seven PR RTP categories as well as within each category (see Tables 2 and 17a – 17f).

* for the 2,075 PRRTTP beds operational during all or part of FY 2000, program sites reported a staff of 875.56 FTEE with an average staff to operational bed ratio of 0.442 (Table 3). There is considerable variability in these ratios among the seven PRRTTP categories: 0.08 in the one PTSD CWT/TR program; 0.17 in the SA and HCMI CWT/TR programs; 0.43 in SARRTTPs; 0.47 in general PRRTTPs, and; 0.61 in PRRPs (Table 3).

* the staff of PRRTTPs is made up of VA paid professionals and para-professionals alike. Overall, 36.3% of all PRRTTP staff are nurses (e.g. RNs, LPNs, and nurses' aides), 12.3% are technicians (e.g. psychology, social work, health and rehabilitative technicians), 9.9% are addiction therapists or counselors and 8.1% are social workers (Table 3). The proportion of these professional and para-professional categories, again, varies among the seven PRRTTP categories and within each category (see Tables 3 and 14a – 14f).

* Table 4 summarizes approaches to night, weekend and evening coverage. The majority of PRRTTPs have either paid VA professional or para-professionals present 24 hours per day / 7 days per week (n=61 programs, 59.2%) or utilize house managers (n=39 programs, 37.9%) with VA clinical staff available by phone or pager for emergencies. House managers may be "senior" program participants or, in some instances, program graduates (for a detailed description of a house manager's role and responsibilities see Appendix A - VHA Directive 2001-010). Seventeen PRRTTP programs indicated that there are periods that exist in their programs when a house manager and/or VA clinician are not physically present during evening, night or weekend coverage³.

* Veteran characteristics by fiscal year and PRRTTP category are detailed in Tables 5a – 5g. The results of analyses performed on patient-specific data from Austin (n=14,362 veterans) show that, during FY 2000, the vast majority (97.1%) of PRRTTP participants were male. Whites made up 56.1% of veterans admitted to PRRTTPs, African Americans 36.2% and Hispanics 3.2%. The analyses further indicate that PRRTTPs continue to admit a very ill and disabled veteran population with 31.5% of veterans having a service-connected disability. While the most frequent diagnosis is substance abuse dependency (71.6% total; 49.2% alcohol abuse and 22.4% drug abuse), 17.5% of veterans have a clinical diagnosis of PTSD.

* Compared to the previous fiscal year, the overall average length of stay in PRRTTPs has remained the same (mean=34.7days, s.d.=42.9 days)(Table 5a).

* PRRTTPs are located in all VISNs (Table 6). The largest number of PRRTTP programs are in VISN 4 and VISN 12 (11 and 10 PRRTTP programs respectively).

³ See Tables 19a – 19f. In all cases, these sites were called, or e-mailed, to verify responses and provide further elaboration of their coverage.

D. Conclusions

It is imperative that PR RTPs continue to provide residential treatment in environments flexible enough to meet a variety of patient care needs. In FY 2000 VA's PR RTPs provided housing, therapeutic treatment and rehabilitative services to special high risk patient populations including the homeless, veterans with substance abuse problems, veterans with a dual diagnosis of substance abuse disorder and severe psychiatric disorder, female veterans and those veterans with severe and chronic mental disabilities, including veterans with PTSD. PR RTPs are a vital part of the continuum of VA's mental health care.

Appendices

Contents of the Appendices

- A. VHA Directive 2001-010 issued March 1, 2001
- B. Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
Annual Narrative Form for Fiscal Year 2000
- C. Data Excluded from the Patient-Specific Analyses
- D. Data Tables

Appendix A
VHA Directive 2001-010 issued March 1, 2001

March 1, 2001

**PSYCHOSOCIAL RESIDENTIAL REHABILITATION
TREATMENT PROGRAMS (PRRTP)**

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides new policy, procedures, and detailed manual reporting requirements for the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) bed level of care.

2. BACKGROUND

a. The Department of Veterans Affairs (VA) established the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) bed level of care in 1995. This distinct level of in-patient mental health care is appropriate for veterans with addictive disorders and serious mental illnesses who require additional structure and supervision to address multiple and severe psychosocial deficits, including homelessness. It recognizes the need for psychiatric treatment and symptom reduction of mental and addictive disorders, while also providing psychosocial rehabilitation, which focuses on a patient's strengths, and provides opportunities to improve functional status. This rehabilitative approach recognizes that persons with mental illness and addictive disorders can achieve their goals for healthy and productive lives. PRRTPs are designed to provide comprehensive treatment and rehabilitative services that will improve quality of life and diminish reliance upon more resource intensive forms of treatment.

b. The rapid development of the PRRTP level of care, prior to fully automated systems to support it, has necessitated a number of computer system "work-arounds" and manual reporting requirements.

c. PRRTP Program definitions are:

(1) **PRRTP.** A Psychosocial Residential Rehabilitation Treatment Program developed for a general psychiatric patient population not otherwise noted in these definitions.

(2) **PRRP.** A Post-traumatic Stress Disorder (PTSD) Residential Rehabilitation Program.

(3) **SARRTP.** A Substance Abuse Residential Rehabilitation Treatment Program.

(4) **HCMC CWT/TR.** A Homeless Chronically Mentally Ill Compensated Work Therapy (CWT) Transitional Residence (TR).

(5) **SA CWT/TR.** A Substance Abuse CWT TR.

(6) **PTSD CWT/TR.** A PTSD CWT TR Program.

(7) **General CWT/TR.** A CWT-based PRRTP not targeted exclusively for any particular mental health population.

NOTE: All types of CWT/TR programs must be operated in accordance with VHA Directive 2001-011, *Compensated Work Therapy Transitional Residences Program*, dated March 8, 2001.

THIS VHA DIRECTIVE EXPIRES JANUARY 31, 2004

VHA DIRECTIVE 2001-010

March 1, 2001

d. **Location.** PRRTPs may be established either on VA medical center grounds, or in community-based facilities owned, leased, or otherwise acquired by VA. Regardless of the location of PRRTTP beds, they must be designated as official VA beds in accordance with VA Bed Control Policy and reported on the Gains and Losses (G&L) statement of the associated VA health care system or medical center.

e. **Staffing.** PRRTPs may be minimally staffed, since, by their residential nature, they are designed to maximize peer support and self-care, as compared to a traditional hospital bed. However, the safety and welfare of both PRRTTP staff and veterans must be a primary consideration. Additionally, each PRRTTP should have a multidisciplinary treatment team to ensure comprehensive assessment and delivery of services to address multi-faceted rehabilitative needs. In addition, twenty-four hour, seven day per week, on-site supervision of PRRTTPs is required. The type of staffing provided will be determined by the clinical needs of the veterans served by the PRRTTP and by standards applied by external accrediting bodies. In addition, professional PRRTTP staff must be on call by radio, telephone or beeper at all times.

h. **Clinical Approaches.** PRRTPs may provide the full services of a 24-hour per day treatment program within the PRRTTP residential program itself, or veterans in PRRTTPs may participate in an intensive regimen of outpatient services, (such as outpatient substance abuse, PTSD, day treatment, vocational rehabilitation) which are then augmented by the PRRTTP residential component of care. In all cases, the residential component emphasizes incorporation of clinical treatment gains into a lifestyle of self-care and personal responsibility. Treatment intensity, environmental structures, milieu, and type of supervision vary based on population served and should be relevant to the diversity of the population, i.e., age, ethnicity, culture, etc. Continuity of care will be ensured by a knowledgeable treatment team utilizing a care management approach. Treatment and rehabilitation goals generally addressed in PRRTTPs include, but are not limited to:

- (1) Substance abuse counseling and relapse-prevention.
- (2) Medication management.
- (3) Social, recreational and independent living skills.
- (4) Work or vocational rehabilitation therapy.
- (5) Family education and counseling.
- (6) Housing assistance.

3. POLICY: It is VHA policy to establish a residential level of bed care, distinct from medium and high-intensity in-patient psychiatry beds which provide a 24-hour therapeutic setting for veterans with multiple and severe psychosocial deficits to identify and address goals of health maintenance and improved quality of life, in addition to specific treatment of mental illnesses

March 1, 2001

and addictive disorders. **NOTE:** *Patients in residential rehabilitation programs must be medically stable, capable of self-preservation in the case of a disaster, are usually responsible for self-medication, and often prepare their own meals. PR RTP residential settings utilize a milieu of peer and professional support, with a strong emphasis on increasing personal responsibility to achieve optimal levels of independence upon discharge to independent or supportive community living.*

4. ACTION

a. The following veterans should be screened for their need of psychosocial residential treatment services:

(1) Veterans requiring 24-hour supervised care who do not meet Interqual criteria for Acute Psychiatry admission,

(2) Veterans receiving outpatient mental health services who lack a stable lifestyle or living arrangement that is conducive to recovery. The following examples are provided to illustrate where residential rehabilitation services are clinically indicated:

(a) Substance use disorder patients with likelihood of relapse while in outpatient treatment.

(b) Patients diagnosed with PTSD who are likely to be upset by treatment interventions.

(c) Homeless veterans with multiple and complex Axis IV psychosocial deficits.

(d) Potentially unstable psychotic patients.

b. **Beds.** VA PR RTP beds may be established in addition to, or in lieu of Extended Care beds and/or Domiciliary beds, contractual, or community partnership arrangements for residential treatment. PR RTP beds are not to be used solely to address transportation difficulties associated with accessing outpatient treatment, or as a means of temporary lodging.

c. **Approval Authority.** Approval authority for establishment, change or closure of PR RTP beds will be in accordance with VHA Directive 1000.1, VHA Directive 99-030, Authority for Mental Health Program Changes, dated June 30, 1999.

d. **Accreditation.** All PR RTPs must be accredited under the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for Behavioral Health Care (24-hour settings). PR RP, SAR RTP and (general) PR RTPs who wish to be recognized for state-of-the-art rehabilitative approaches may also choose to be accredited under the Residential Treatment Standards of Commission for Accreditation of Rehabilitation Facilities (CARF). All types of CWT TRs must be accredited under CARF Standards for Community Housing.

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e. **Residential Costs.** Veterans in PR RTP programs may not be charged residential costs, such as lease expenses, utilities, maintenance, meals, etc., except within CWT TR programs.

NOTE: See VHA Directive 2001-011, for detailed policy and procedures regarding CWT TR legal authorities and programming.

f. **Eligibility.** PR RTP is considered "hospital care" for purposes of eligibility determinations; therefore, eligibility rules for hospital care would apply for PR RTP admissions.

g. **Monitoring.** The Northeast Program Evaluation Center (NEPEC) located at the VA Connecticut Healthcare System at West Haven, monitors initial implementation of PR RTPs by conducting an annual survey of facilities reporting PR RTP workload. Outcomes monitoring, to include measures of efficiency, effectiveness and veteran satisfaction are to be developed at each local program as part of quality improvement initiatives, and are to be periodically reviewed for opportunities to improve veteran outcomes and PR RTP performance. *NOTE: Nationally, the PR RTP component of the mental health care continuum will contribute to existing performance measures using the Addiction Severity Index (ASI) and Global Assessment of Functioning (GAF).*

h. Attachment A provides special guidance on systems 'work-around' requirements and general administrative management of PR RTPs.

i. Attachment B provides guidance on clinical program requirements and considerations.

j. Attachment C provides instructions for completion of Northeast Program Evaluation Center (NEPEC) Annual Survey.

k. Attachment D describes detailed systems 'work-around' instructions for the Veterans Health Information Systems and Technology Architecture (VistA) setup.

5. REFERENCES

a. VHA Directive 1000.1.

b. VHA Manual M-1, Part I, Chapter 1.

c. VHA Directive 99-030.

d. Mental Health Program Guide 1103.3, dated June 3, 1999.

e. VHA Manual M-2, Part VII, Chapter 11, "Self-Medication Program," dated August 20, 1993.

f. VHA Manual M-1, Part I, Chapter 5, "Patient Records," dated June 8, 1995.

March 1, 2001

6. FOLLOW-UP RESPONSIBILITY: Mental Health Strategic Health Group (116D) is responsible for the contents of this Directive. **NOTE:** *Questions may be addressed to the Office of Psychosocial Rehabilitation, Mental Health Strategic Health Group, VHA Headquarters, at (757) 722-9961, extension 3654.*

7. RESCISSIONS: VHA Directive 10-95-099 is rescinded. This VHA Directive will expire January 31, 2004.

S/ Dennis Smith for
Thomas L. Garthwaite, M.D.
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 3/14/2001
FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 3/14/2001

ATTACHMENT A

**GUIDANCE ON THE ESTABLISHMENT AND ADMINISTRATIVE MANAGEMENT
OF A PR RTP**

1. STEPS FOR A VA MEDICAL CENTER TO TAKE

a. Prior to formal submission of a Psychosocial Residential Rehabilitation Treatment Program (PR RTP) proposal, it is suggested that contact be made with the Veterans Health Administration (VHA) Headquarters PR RTP Program Coordinator, Mental Health Strategic Health Group, at (757) 722-9961 x3654. This initial contact allows an opportunity for a brief consultation of the PR RTP plans to permit expeditious approval of formal proposal.

b. The following is to be submitted to the associated Veterans Integrated Services Network (VISN) Director:

(1) A proposal or plan addressing PR RTP activation, (follow format as outlined in VHA Directive 99-030, Authority for Mental Health Program Changes, dated June 30, 1999).

(2) A formal Bed Change Request in accordance with VHA Directive 1000.1.

(3) A letter to VHA Headquarters Director Information Management Service (045A4), THRU the Deputy Assistant Under Secretary for Health (10N), requesting Department of Veterans Affairs (VA) medical center assignment of "PA" suffix, to establish the PR RTP as a separate division of the associated VA medical center

2. STEPS FOR VISN TO TAKE

a. Forward VISN approved proposal to the Deputy Assistant Under Secretary for Health (10N), who will formally request comment from the Chief Consultant for Mental Health and/or other Patient Care Services Strategic Health Groups as appropriate.

b. Forward VISN approved request for PA Suffix letter to: VHA Headquarters, Director Information Management Service (045A4), THRU Deputy Assistant Under Secretary for Health (10N).

c. Upon approval of proposal by the Under Secretary for Health, process Bed Change designation in Bed Control System.

**3. STEPS FOR VA MEDICAL CENTER FISCAL, INFORMATION RESOURCE
MANAGEMENT (IRM) AND MEDICAL ADMINISTRATION SERVICE (MAS) UPON
BEDS BEING ESTABLISHED IN BED CONTROL SYSTEM:**

a. Adjust Gains & Losses (G&L) statement to designate each PR RTP as a separate line item.

b. Establish new division (activate PA suffix) in accordance with Attachment D.

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c. Acquaint Medical Records Coding Staff with the following Treating Specialty Codes, and ensure Decision Support System (DSS) staff establish appropriate DSS departments as follows:

| <u>PRRTP Type</u> | <u>Treating Specialty Code</u> | <u>DSS Department</u> |
|---------------------------------|--------------------------------|-----------------------|
| PRRTP (not otherwise specified) | 25 | P4A1 4A 2034A1 |
| PRRP (PTSD) | 26 | P4B1 4B 2034B1 |
| SARRTP (Substance Abuse) | 27 | P4C1 4C 2034C1 |
| HCMC CWT TR (Homeless) | 28 | P4D1 4D 2034D1 |
| SA CWT TR (Substance Abuse) | 29 | P4E1 4E 2034E1 |
| PTSD CWT TR | 38 | P4F1 4F 2034F1 |
| General CWT TR | 39 | P4G1 4G 2034G1 |

4. RECURRING VA MEDICAL CENTER FISCAL, IRM, AND MAS MANUAL PROCEDURES

a. Personnel responsible for processing of G&L should submit a PRRTP workload Report (indicating PRRTP Bed Days of Care for previous month) to Fiscal Service by the 10th workday of each month.

b. Workload for PRRTPs must be manually inserted into the VHA Work Management (VWM) segment 334 to ensure it is recorded as Psychiatry workload. Additionally, Fiscal staff will ensure PRRTP workload (Bed Days of Care) is credited to Cost Distribution Report (CDR) 1700.00 series account, as appropriate for type of PRRTP established:

| | |
|---------|---------------------------------|
| 1711.00 | PRRTP (not otherwise specified) |
| 1712.00 | PRRP (PTSD) |
| 1713.00 | SARRTP (Substance Abuse) |
| 1714.00 | HCMC CWT TR (Homeless) |
| 1715.00 | SA CWT TR (Substance Abuse) |
| 1716.00 | PTSD CWT TR (PTSD) |
| 1717.00 | General CWT TR |

5. STEPS FOR SERVICE LINE CHIEFS TO DISTRIBUTE COSTS

a. The Chief of Psychiatry, Mental Health Service Line Chief and/or PRRTP Program Coordinator should be familiar with (generally two) cost categories designed to measure the treatment cost of Residential Rehabilitation services:

(1) **Residential Inpatient Costs.** Services provided to PRRTP veterans by staff assigned to and in support of the PRRTP residential unit are captured as "bed days of care" and reported to the PRRTP inpatient bed category CDR account 1700 series. *NOTE: These services include, but are not limited to PRRTP screening, admission, rehabilitation plan development, case reviews, therapeutic group and individual counseling associated with the residential component, meals, dietetics staff, evening staff coverage, etc.*

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(2) **Outpatient Costs.** Services provided to PR RTP veterans by staff providing services in established outpatient clinics (such as Outpatient Substance Abuse Clinics, Day Treatment programs, PCT Teams, Vocational Rehabilitation Therapy, Compensated Work Therapy, etc) are captured as "outpatient visits." These costs are, therefore, reported to the appropriate Outpatient CDR Account in the 2000 series

***NOTE:** If all services provided to PR RTP residents are provided exclusively to them, in conjunction with the residential unit (as in a traditional hospital bed program), then all costs will be captured as Residential Inpatient Costs (1700.00 series costs).*

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ATTACHMENT B**PROGRAM GUIDELINES FOR PSYCHOSOCIAL RESIDENTIAL REHABILITATION
TREATMENT PROGRAMS****1. THE CLINICAL PROGRAM**

a. Veterans in a Psychosocial Residential Rehabilitation Treatment Program (PRRTP) will have psychiatric and/or psychosocial needs which are clinically determined to benefit from a 24-hour-per-day, 7-day per week, ("24/7") structured and supportive environment as a part of the rehabilitative treatment regime. Treatment and/or therapeutic activities will be provided at least 4 hours per day, 7 days per week. Veterans should be clinically stable to be able to function outside of a medium or high intensity hospital setting and must be capable of self-preservation in case of a disaster. Veterans in a PRRTP who develop an acute psychiatric disturbance will be transferred to a medium or high intensity psychiatric program until they are stable enough to either return to the PRRTP or make other treatment arrangements. All veterans admitted to a PRRTP will have a Rehabilitation and/or Treatment Plan with specific, measurable goals to be addressed during their PRRTP episode of care. This treatment plan will encompass the full range of services planned, identifying Outpatient Treatment (OPT) clinics to be utilized, as appropriate. PRRTPs will not be used as a simple substitute for community housing or as VA lodging or Hoptel facilities.

b. The PRRTP model is designed for maximum flexibility of program design. Within this residential level of care, programming may range from relatively short-term care of limited focus (i.e., less than 30 days and targeted primarily towards diagnosis-specific education, counseling, and symptom management), to long-term, comprehensive rehabilitation (i.e., exceeding 1 year and including a full range of psychosocial services, such as life-skills training, social learning, vocational rehabilitation therapy, Compensated Work Therapy (CWT), etc.). Likewise, within various types of PRRTPs, specific, sub-populations may be targeted, (such as dually-diagnosed or geriatric populations) necessitating specialized staff and rehabilitative approaches. There may also be specific PRRTP "tracks" within targeted populations, for example: a substance abuse residential program designed for veterans with dual diagnoses, and another for veterans with a substance abuse diagnosis only, or another with a strong psychosocial rehabilitation component addressing issues of work and independent living skills. This flexibility in PRRTP program design suggests that a site may establish more than one of a specific type of PRRTP in order to most efficiently meet the rehabilitative needs of a diverse veteran population.

c. The CWT Transitional Residence (TR) programs are designed for veterans whose rehabilitative focus is based on CWT and transitioning to successful independent community living. Ongoing support is provided for diagnoses-specific conditions. CWT TRs are designed for specific populations (Homeless, Post-traumatic Stress Disorder (PTSD), etc) for purposes of tracking services and funds expended for special veteran populations. They should also be staffed with professionals possessing specialized expertise related to the populations served.

d. PRRTP Program flexibility also exists in the structure used for service delivery. There are two basic structures for Residential Rehabilitation (RR) programming.

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(1) **All Inclusive Residential Model.** The structure of the all-inclusive residential model is similar to a traditional 'inpatient' program, where staff dedicated to the PR RTP unit provide virtually all treatment and rehabilitative services, and do so exclusively for the patients in those beds. *NOTE: This model may provide advantages for programming which is tailored specifically for group treatment approaches. It may also be used more often for RR programs that are targeting higher acuity of illness and are, therefore, providing higher intensity of care.*

(2) **Supportive Residential Model.** This RR program structure provides a supportive residential component to augment intensive treatment provided through the Ambulatory Care System, such as Intensive Outpatient Substance Abuse program, Day Treatment program, CWT, etc) It is designed to minimize risk and maximize benefit of the ambulatory care services provided for veterans whose health and/or lifestyle necessitate a supervised, structured environment while receiving care, or those requiring comprehensive rehabilitation to learn and practice new behaviors. In addition to meeting a key agency objective (to increase outpatient services), this model may provide some of the following advantages:

- (a) The RR facility (itself) does not require staffing during the day,
- (b) Residents of the RR unit assume greater responsibility for their treatment (in that they must 'go to it', rather than have it 'come to them'),
- (c) Residents of the RR unit are exposed to other veterans in the Outpatient Treatment environments who are higher functioning (i.e., not in need of supportive 24-hour residential programming), and participate in treatment more as 'community citizens' than 'hospital patients'.
- (d) Residents of the RR unit gain familiarity and establish therapeutic relationships with Outpatient Treatment staff
- (e) Outpatients experiencing need for more comprehensive care (i.e., 24-hour residential services) may be more likely to accept such care, knowing that they will not have to establish all new therapeutic relationships by doing so.

NOTE: In some cases, this model has facilitated the development of previously non-existent Aftercare Services, due to increased efficiency in staff utilization (treatment staff are not assigned strictly to operate an 'all inclusive inpatient' unit, and are therefore available to provide outpatient services as well).

2. STAFFING

a. PR RTPs require a multidisciplinary team for comprehensive assessment and rehabilitation and/or discharge planning. This team may often consist of staff from the Outpatient program(s) (such as Outpatient Substance Abuse, PTSD Clinical Team (PCT), Day Treatment, CWT, etc) where the PR RTP veterans may receive the preponderance of their clinical care. The RR team will also generally include the PR RTP Program Coordinator and staff who are assigned to facilitate the supportive nature of the residence and provide evening and/or weekend coverage on the RR unit itself. In most cases (except CWT TR programs), the evening and/or weekend

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coverage will consist of paid VA staff, ranging from Nursing Assistants and/or Rehabilitation Technicians to professional Nursing staff. The type of staff required for evening and/or weekend coverage will vary, depending on:

- (1) The clinical needs of residents (use of the American Society of Addictive Medicine (ASAM) criteria to assess various domains is encouraged).
- (2) The intensity of programmatic structure (i.e., scheduled activities, individual rehabilitation plan expectations, peer support expectations, assigned residential responsibilities, etc.).
- (3) The maturity of the residential culture (the extent to which residents actually do support each other, strength of resident councils, etc.).
- (4) Accreditation requirements.

b. In some cases, such as the CWT TR's, a current or "graduate" PR RTP resident may supervise the residence in lieu of staff. These "House Managers" must have a stable, responsible, caring demeanor and have leadership qualities such as effective communication skills, ability to motivate, etc. At a minimum, House Managers, and non-professional staff are to be trained to observe resident behaviors, facilitate a healthy therapeutic environment, (i.e., encourage socialization and participation, coordinate residential activities, etc), ensure safety, and assess the need for professional medical or psychiatric intervention. Professional staff must be available on an emergency and/or call-back basis.

3. MEDICATIONS. Medications in PR RTPs are generally self-administered in accordance with VHA Manual M-2, Part VII, Chapter 11, Self-Medication Programs. These programs are structured to provide a controlled, supervised environment where veterans learn and practice self-medication skills prior to discharge. Medications are kept in a locked cabinet or locker accessible only to that veteran and designated staff personnel. In cases where a PR RTP veteran may not be ready for participation in a self-medication program, it is necessary for appropriately licensed staff to be assigned and available to administer medications to veterans in the PR RTP facility.

4. MEALS. Preparation of meals in PR RTPs may be done by the veterans themselves, or by personnel associated with a residence. When veterans assigned to the PR RTP are responsible for their meals (as is the case for all CWT TRs), sufficient staff supervision should be provided to assure patients engage in appropriate meal planning, food preparation, sanitation and safety. In some PR RTPs, especially those on medical center grounds, veterans may eat in the medical center dining room. Similar flexible arrangements will be allowed for laundry, housekeeping, and facility maintenance and repair.

5. PHYSICAL PLANT

a. A PR RTP can be established in a suitable building or residence on Department of Veterans Affairs (VA) medical center grounds; or in VA-owned, leased, or otherwise acquired community-based properties.

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- b. The facility should have a comfortable and homelike environment.
- c. There should be adequate space for group activities as well as personal space for privacy. Bedrooms should be limited to two occupants.

6. PROGRAM ADMINISTRATION. PRRTPs will generally be under the clinical supervision of the Mental Health Service Line Director, who will appoint the Coordinator for the PR RTP. Generally the Coordinator has primary responsibility for, and for concurring in, all PR RTP admissions and the responsibility for program policy and procedures. *NOTE: An Advisory Council, which could include current and/or past residents, referral sources, community members or advocacy groups, etc is encouraged as a means of initial planning and ongoing development of PR RTP programming.*

7. ANNUAL REPORT. To facilitate the monitoring and evaluation of all PR RTPs by the Northeast Program Evaluation Center (NEPEC) and specifically of Substance Abuse Residential Rehabilitation Program (SARRTPs) by Program Evaluation Research Center (PERC), a brief annual survey report is required. *NOTE: NEPEC is responsible for sending an annual survey to collect the data described in Attachment C.*

8. PR RTP MEDICAL RECORDS REQUIREMENTS. The PR RTP record will be integrated into the Consolidated Health Record. Each period of care in a PR RTP will be considered the equivalent of a period of care in any other VA bed (hospital, domiciliary, nursing home care unit). *NOTE: The medical records requirements for patients in PR RTP beds will be equivalent to the requirements for VA Extended Care Patient Records found in VHA Manual M-1, Part I, Chapter 5, except as noted in following subparagraphs 8b, 8d, and 8e.* The PR RTP records will include, but are not be limited to the following:

- a. **Patient Problem List.** (Optional).
- b. **Admission Note.** The Admission Note should include the veterans strengths, abilities, needs and preferences, in addition to standard admission note content.
- c. **History and Physical Exam (H&P).** (An Interval H&P, reflecting any changes since last exam, may be sufficient when deemed appropriate by professional judgment and in conformance with accrediting entities such as JCAHO.) Timeframes for completion of H&Ps should be established based on current accreditation standards. A veteran remaining on PR RTP status for a year or longer will be given an annual examination, to include mental status.
- d. **Comprehensive Biopsychosocial Assessment.** A comprehensive assessment will be documented to include an interpretive summary that is based on the assessment data.
- e. **Rehabilitation and/or Treatment Plan.** An individualized rehabilitation treatment plan, which will include specific, measurable goals, targeted dates for completion and designated responsible individual for addressing each goal. Discharge planning will also be contained in the rehabilitation/treatment plan.

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f. **Rehabilitation Progress Notes.** The frequency of recording progress notes will be established by medical center or program policies, and will be appropriate for the veteran populations served and the program objectives.

g. **Doctor's Orders.**

h. **Informed Consent.** The provisions of Title 38 Code of Federal Regulations, Section 1734, and Title 38 United States Code 7331, and VHA policy on informed consent apply. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards also apply where not in conflict with VA regulation or policy.

i. **Discharge Summary.** The discharge summary, signed by a physician or appropriately credentialled healthcare provider will be consistent with external accreditation standards to be applied.

j. **Psychiatric Patient Records.** Unique documentation requirements for Psychiatric Patient Records will apply, as described in M-1, Part 1, Chapter 5.

ATTACHMENT C

INSTRUCTIONS FOR COMPLETING NEPEC ANNUAL PR RTP SURVEY

1. The Annual Survey of Psychosocial Residential Rehabilitation Treatment Program (PR RTP) programs should be submitted by December 1st for the most recent fiscal year ending on September 30th. Surveys are to be either mailed or faxed to:

PR RTP Evaluations
NEPEC (182)
c/o VA Connecticut Healthcare System
950 Campbell Avenue
West Haven, CT 06516
FAX: (203) 937-3433

2. The survey report should contain the following information:
 - a. Name of Medical Center of Health Care System
 - b. Station number,
 - c. Fiscal year covered, and
 - d. Name, address, and telephone number of person completing the survey.
3. Date of first admission to the PR RTP (month and year).
4. Type of PR RTP.
5. Number of operating beds.
6. Whether or not there was a change in the number of operating beds for the Fiscal Year being covered.
7. The three most frequently seen diagnostic groups in the PR RTP, ranked by order of most frequently seen.
8. The three most frequently seen special patient populations (homeless, women, elderly, etc.) in the PR RTP, ranked by order of most frequently seen.
9. The services directly provided by the PR RTP staff, rated by importance and/or the emphasis given to a selected list of services.
10. The location of the PR RTP (medical center grounds or in community).
11. Whether the PR RTP is Department of Veterans Affairs (VA)-owned or VA-leased.

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12. The number and percentage of full-time employee equivalent (FTEE) utilized to operate the PR RTP, described by position title.
13. The procedures in place for handling evening, night, and weekend coverage of the PR RTP.
14. Whether or not there is ever a time on-site in the evening, at night, or on the weekend when coverage is not provided.

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ATTACHMENT D**VISTA SETUP INSTRUCTIONS FOR PSYCHOSOCIAL RESIDENTIAL
REHABILITATION TREATMENT PROGRAM (PR RTP)****(i.e., establishing a new division under the category of Domiciliary in VistA)**

***NOTE:** The use of Domiciliary category for Veterans Health Information Systems and Technology Architecture (VistA) setup is for domiciliary-like functionality purposes only - PR RTP beds are not otherwise to be considered Domiciliary beds, but rather PR RTP (Psychiatry) beds.*

1. TO ADD A NEW INSTITUTION

Select OPTION NAME: INSTITUTION FILE ENTER/EDIT DG INSTITUTION EDIT
Institution File Enter/Edit

Select INSTITUTION NAME: ALB-PR RTP (SUGGESTED NAME TO IDENTIFY PR RTP)
(e.g. first three letters of your primary division, then - PR RTP)

Are you adding 'ALB-PR RTP' as a new INSTITUTION (the 269TH)? Y (Yes)

INSTITUTION STATE: NY NEW YORK

INSTITUTION FACILITY TYPE: MC

1. MC (M&D) MEDICAL CENTER (MEDICAL AND DOMICILIARY)

2. MC (M) MEDICAL CENTER (MEDICAL LOCATION)

CHOOSE 1-2: 2

INSTITUTION STATION NUMBER: 500PA

NAME: ALB-PR RTP//

REGION:

DISTRICT:

VA TYPE CODE: MC HOSP

STATION NUMBER: 500PA//

STREET ADDR. 1: 2 3RD ST.

STREET ADDR 2:

CITY: ALBANY

STATE: NEW YORK//

ZIP: 12180

MULTI-DIVISION FACILITY: Y YES

Select INSTITUTION NAME:

**2. TO ADD A NEW DIVISION (using Medical Administrative Services (MAS) Parameter
Enter/Edit)**

(Screen showing divisions is not being displayed at this point)

(3) Divisions: TROY (500), ALBANY (500), MOBILE CLINIC (500MO),
TEST NUMBER (500.4), CINCINNATI (539),

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ALB-PRRTP (500PA),
Select MEDICAL CENTER DIVISION NAME: ALB-PRRTP
Are you adding 'ALB-PRRTP' as
A new MEDICAL CENTER DIVISION (the 25TH)? No// Y (Yes)
MEDICAL CENTER DIVISION NUM: 541// <return>
MEDICAL CENTER DIVISION FACILITY NUMBER: 500PA
OUTPATIENT ONLY:
PRINT WRISTBANDS: Y YES
PRINT 'AA'<96' ON G&L: Y YES
PRINT 'AA' ON G&L: Y YES
NHC/DOM/HOSP G&L: 1 SEPARATE *****
INSTITUTION FILE POINTER: ALB-PRRTP NY MC(M) 500PA
DEFAULT 1010 PRINTER:
DEFAULT DRUG PROFILE PRINTER:
DEFAULT ROUTING SLIP PRINTER:
Select MEDICAL CENTER DIVISION NAME:

***NOTE:** Make sure that the primary division is the one that appears as the first entry when entering the MAS Parameter Screen (If not, the last division added with display on the top of the Bed Section Report and Treating Specialty Report).*

3. TO ADD A NEW WARD (Using Ward Definition Enter/Edit)

Ward Definition Entry/Edit

Select WARD LOCATION NAME: PRRTP
Are you adding 'PRRTP' as a new WARD LOCATION (the 31ST)? Y YES
WARD LOCATION HOSPITAL LOCATION FILE POINTER: PRRTP
Are you adding 'PRRTP' as a new HOSPITAL LOCATION (the 125TH)? Y (Yes)
HOSPITAL LOCATION TYPE: W WARD
HOSPITAL LOCATION TYPE EXTENSION: WARD//
WARD LOCATION G&L ORDER: 21.5 (OR WHEREVER YOU WISH TO PRINT IT)
NAME: PRRTP//
PRINT WARD ON WRISTBAND: Y YES
DIVISION: ALB-PRRTP 500PA
INSTITUTION: ALB-PRRTP NY MC(M) 500PA
ABBREVIATION: PRRTP
BEDSECTION: PRRTP
SPECIALITY: PSYCH
1 PSYCH RESID REHAB TRMT PROG
2 PSYCHIATRIC MENTALLY INFIRM
CHOOSE 1-2: 1
SERVICE: DOM DOMICILIARY
PRIMARY LOCATION: PRRTP
Select AUTHORIZED BEDS DATE: 10 1 97 OCT 01, 1997
Are you adding 'OCT 01, 1997' as a new AUTHORIZED BEDS
DATE (the 1ST for this WARD LOCATION)? Y (Yes)

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NUMBER OF AUTHORIZED BEDS: 20

SERIOUSLY ILL:

Select SYNONYM:

G&L ORDER: 21.5//

Select TOTALS: PR RTP TOTALS

Are you adding 'PR RTP TOTALS' as a new TOTALS (the 1ST for this WARD LOCATION)?

Y (Yes)

TOTALS LEVEL: 1//

PRINT IN CUMULATIVE TOTALS: Y YES

CUM TITLE: PR RTP//

Select TOTALS:

Select WARD LOCATION NAME: NCHU (OR WHATEVER YOU WANT TO PUT IT IN FRONT OF/AFTER, ETC.) NAME: NCHU//^TOTALS

Select TOTALS: GRAND TOTALS// ?

Answer with TOTALS LEVEL

Choose from:

- 1 NCHU TOTALS
- 2 DON'T DISPLAY
- 3 GRAND TOTALS

| | | | | |
|-----------------------|----|---|---|----|
| MEDICAL CENTER TOTALS | 40 | 0 | 0 | 40 |
| PR RTP PR RTP | 3 | 0 | 1 | 2 |
| PR RTP TOTALS | 3 | 0 | 1 | 2 |
| DOMICIL DOM | 1 | 0 | 0 | 1 |
| DOM TOTALS | 1 | 0 | 0 | 1 |
| | | | | |
| 2 NCHU NCHU | 1 | 0 | 0 | 1 |
| NCHU NCHU | 0 | 0 | 0 | 0 |
| | | | | |
| NCHU TOTALS | 1 | 0 | 0 | 1 |
| | | | | |
| GRAND TOTALS | 45 | 0 | 1 | 44 |

4. TO PLACE WARD OUT-OF SERVICE (Using Edit Ward Out-Of-Service Dates)

Select OPTION NAME: EDIT WARD OUT-OF-SERVICE DATES DGPM

WARD OOS EDIT

Edit Ward Out-of-Service Dates

Select WARD LOCATION NAME: PR RTP

Select OUT-OF-SERVICE DATE: 10 1 97 OCT 01, 1997

Are you adding 'OCT 01, 1997' as a new OUT-OF-SERVICE DATE (the 1ST for this WARD LOCATION)? Y

(Yes) OUT-OF-SERVICE DATE(S): OCT 1, 1997//

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REASON: OTHER

1 OTHER CONSTRUCTION

2 OTHER REASONS

CHOOSE 1-2: 2

COMMENT: PR RTP TRACKING

RETURN TO SERVICE DATE: 5 1 97 (MAY 01, 1997) (OR WHATEVER DATE YOU WISH TO ACTIVATE THIS WARD) IS ENTIRE WARD OUT OF SERVICE?: Y YES
DISPLAY OOS ON G&L: YES YES

**5. TO SET UP TREATING SPECIALTY REPORT FOR THE NEW WARD
(PSYCHOSOCIAL RESIDENTIAL REHABILITATION TREATMENT PROGRAM
(PR RTP))**

Select FACILITY TREATING SPECIALTY NAME: PSYCH RESID REHAB TRMT PROG
PSYCH RESID REHAB TRMT PROG

NAME: PSYCH RESID REHAB TRMT PROG//

Select EFFECTIVE DATE: OCT 1, 1997//

EFFECTIVE DATE: OCT 1, 1997//

ACTIVE?: YES//

SPECIALTY: PSYCH RESID REHAB TRMT PROG//

SERVICE: PSYCHIATRY// DOMICILIARY

Select PROVIDERS:

ABBREVIATION:

The information for the PSYCH RESID REHAB TRMT PROG treating specialty should be entered by Medical Center Division as of midnight on Sep 30, 1997 to properly initialize the Treating Specialty Report!

Following any new entries to or revisions of this data, the G&L MUST BE recalculated back to Oct 01, 1997.

Select MEDICAL CENTER DIVISION NAME: ALB-PR RTP 500PA

PATIENTS REMAINING: 0

PASS PATIENTS REMAINING: 0

AA PATIENTS REMAINING: 0

UA PATIENTS REMAINING: 0

ASIH PATIENTS REMAINING: 0

TSR ORDER: 200

Select MEDICAL CENTER DIVISION NAME:

Select FACILITY TREATING SPECIALTY NAME:

6. ADMIT AND/OR TRANSFER IN-PATIENTS

7. RECALCULATE GAINS AND LOSSES (G&L) CUM TOTALS BACK TO 10/1/97

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8. RUN G&L, INCLUDING BSR AND TSR

9. EXPERIMENTATION WITH NEW DIVISION AND/OR DOMICILIARY WARD FOR TRACKING PR RTP

- a. Create a new Institution file entry (ALB-PR RTP) -or whatever.
- b. Create a new Division file entry (ALB-PR RTP) -or whatever.
- c. Create a new Ward with DOMICILIARY as the SERVICE.

Place beds 00S from 10/1/97 and Return to Service whatever day you are going to start tracking. You must show Authorized Beds at this time.

d. Set up the Treating Specialty Report for PR RTP as all zeroes for each of your current divisions.

e. Recalculate G&L Cum Totals back to 10/1/97.

f. Manually track any PTF records with a suffix of BU for DOM and ensure (if the facility already has a DOM), that the suffix is changed to PA.

Appendix B
Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
Annual Narrative Form for Fiscal Year 2000

Form PR RTP00

**Psychosocial Residential Rehabilitation Treatment Program (PR RTP) Annual Survey
for Fiscal Year 2000**

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Name, VA address, telephone number and FAX of individual completing this form:

1. Date of first admission to your program as an **authorized** PR RTP program (mm/yy) / (11)
2. VA Facility Code (use 5-digit code if applicable) (16)
3. Type of PR RTP (**check only one**) (17)
 1. Substance Abuse (SAR RTP)
 2. PTSD (PR RP)
 3. Psychiatric (PR RTP)
 4. HCMC CWT/TR
 5. SA CWT/TR
 6. PTSD CWT/TR
 7. General CWT/TR
4. Did your PR RTP program either start up or end during FY 2000? 1 = yes 0 = no (18)

If yes, please provide the following information:

Start up date (mm/yy) / (19-22)

End date (mm/yy) / (23-26)
5. Did the number of operating beds in your PR RTP change during Fiscal Year 2000? 1 = yes 0 = no (27)

If yes, please provide us with the number of beds at the start of FY 2000..... (28-30)

As well as the number of beds at the end of FY 2000..... (31-33)
6. Indicate the three most frequently seen diagnostic groups in your PR RTP (**rank order no more than three main target groups with A1" designating the group receiving the most emphasis and >3' the least**).
 - a. Substance abuse disorder (34)
 - b. Severe mental illness (35)
 - c. Dual diagnosis (36)
 - d. All psychiatric conditions (37)
 - e. PTSD (38)
 - f. Medical co-morbidities (39)
 - g. Other (specify) (40)

**Psychosocial Residential Rehabilitation Treatment Program (PRRTP) Annual Survey
for Fiscal Year 2000**

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7. Indicate the three most frequently seen special patient populations in your PRRTP (**rank order no more than 3 target groups with A1" designating the group receiving the most emphasis and A3" the least**).

- | | |
|--------------------------|------|
| a. Homeless..... | (41) |
| b. Women | (42) |
| c. Elderly | (43) |
| d. AIDS/HIV | (44) |
| e. Other (specify) _____ | (45) |

8. Please use the following 5 categories to describe the services provided to the veterans in your PRRTP.
(**Check one box for each item**)

| | <u>Not Provided</u> 0 | <u>Somewhat Important</u> 1 | <u>Moderately Important</u> 2 | <u>Quite Important</u> 3 | <u>Primary Importance</u> 4 | |
|--|------------------------------|------------------------------------|--------------------------------------|---------------------------------|------------------------------------|------|
| a. Assessment and diagnosis | | | | | | (46) |
| b. Relapse prevention..... | | | | | | (47) |
| c. Crises intervention | | | | | | (48) |
| d. Detoxification | | | | | | (49) |
| e. Substance abuse counseling | | | | | | (50) |
| f. Individual counseling or psychotherapy | | | | | | (51) |
| g. Group counseling or psychotherapy | | | | | | (52) |
| h. Medication management | | | | | | (53) |
| i. Couples or family counseling..... | | | | | | (54) |
| j. Work therapy or work training..... | | | | | | (55) |
| k. Social skills training | | | | | | (56) |
| l. Daily living skills training | | | | | | (57) |
| m. Money management | | | | | | (58) |
| n. Occupational or recreational therapy. | | | | | | (59) |
| o. Self-help groups (e.g. AA/NA) | | | | | | (60) |
| p. Discharge planning | | | | | | (61) |

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9. Your PRRTP Program is located (**Check only one**)..... (62)

1. On a VA hospital ward
2. In VA owned housing located in the community
3. In a building on VA grounds
4. In a leased property located in the community

10. Is the building (property) being utilized (**Check only one**)..... (63)

1. Owned by VA?
2. Leased by VA?

11. Please indicate the total number of FTEE for each of the following categories of staff who devote time to treating veterans in your PRRTP. If an FTEE splits his/her time between the PRRTP and another mental health program(s), only include the FTEE actually spent with PRRTP patients. If any of your program's positions are not listed, please include them under "All other staff" at the end of the list.

#FTEE in your Program

| | | |
|--|---|-----------|
| a. Physician/Psychiatrist..... | . | (64-67) |
| b. Psychologist..... | . | (68-71) |
| c. Physician Assistant..... | . | (72-75) |
| d. RN, Clinical Nurse Specialist, Nurse Practitioner..... | . | (76-79) |
| d. LPN, LVN, Nurse Aide..... | . | (80-83) |
| f. Addiction Therapist/Counselor (non-MSW) | . | (84-87) |
| g. Social Worker..... | . | (88-91) |
| h. Psychology Aids, Social Work/rehab/Health Technician or Aide..... | . | (92-95) |
| I. Program Coordinator/Administrator/Director..... | . | (96-99) |
| j. Health/Social Science Specialist..... | . | (100-103) |
| k. Recreational Therapist..... | . | (104-107) |
| l. Vocational Rehabilitation Specialist..... | . | (108-111) |
| m. Secretary, Administrative Assistant, Clerk..... | . | (112-115) |
| n. All other staff therapy..... | . | (116-119) |

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12. Please indicate the procedures in place for handling evening, night and weekend coverage at your PR RTP
(Check only one).

- a. Paid VA staff present 24hrs/7days.
- b. House managers or staff designee with VA clinical staff available by phone or pager for emergencies; VA clinical staff present some of the time.
- c. House managers or staff designee with VA clinical staff available by phone or pager for emergencies.
- d. Other (please specify _____

(120)

13. Is there ever a time during evening, night and weekend coverage where a VA clinical staff person, house manager or trained designee is away from the residence for more than 1 hour during the day, evening or night when residents are present..... 1 = yes 0 = no

(121)

Appendix C
Data Excluded from the Patient-Specific Analyses

PRRTP discharges from these medical centers during FY 2000 were the result of coding errors and do not represent authorized PRRTP programs.

Appendix C.
FY 2000 Data Excluded from the Patient-Specific Analyses
Medical Centers using PR RTP Codes in Error

| SITE | Bed Section Code | Number of Discharges for FY00 |
|---|-------------------------|--|
| Alexandria | 25 | 8 |
| Boston | 25 | 4 |
| Boston | 26 | 1 |
| Chillicothe | 25 | 1 |
| Dallas | 25 | 44 |
| Dallas | 38 | 1 |
| Dayton | 25 | 4 |
| Dayton | 26 | 2 |
| Dayton | 27 | 2 |
| Jackson | 26 | 69 |
| Philadelphia | 26 | 1 |
| Shreveport | 25 | 1 |
| LA Wadsworth | 25 | 1 |
| LA Wadsworth | 26 | 1 |
| LA Wadsworth | 28 | 1 |
| Montgomery | 28 | 161 |
| Total discharges in PTF excluded from analyses | | 302 |

Appendix D

Data Tables

Table 1a. PRRTTP Program Characteristics; Operating Beds, Location of Program and Most Frequent Populations Seen by PRRTTP Type for FY00.

| Program Characteristics | ALL PRRTTP PROGRAMS N= 103 Programs (100%) | | TYPE OF PRRTTP | | | | | | | | | | | | | |
|--|--|--------|------------------------------------|--------|--|-------|----------------------------------|--------|---------------------------------------|--------|---------------------------------------|--------|--------------------------------------|--------|--------------------------------------|--------|
| | | | SARRTP N=38 Programs (36.9%) | | PRRTTP (general) N=25 Programs (24.3%) | | PRRP N=18 Programs (17.5%) | | SA CWT/TR N=12 Programs (11.7%) | | HCMI CWT/TR N=8 Programs (7.8%) | | PTSD CWT/TR N=1 Program (1.0%) | | Gen. CWT/TR N=1 Program (1.0%) | |
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Number of Operating Beds† | 2062 | 100.0% | 875 | 42.4% | 451 | 21.9% | 346 | 16.8% | 222 | 10.8% | 151 | 7.3% | 7 | 0.3% | 10 | 0.5% |
| Number of Discharges†† | 14,362 | 100.0% | 9,182 | 63.9% | 2,115 | 14.7% | 2,371 | 16.5% | 398 | 2.8% | 281 | 2.0% | 3 | 0.0% | 12 | 0.1% |
| Program Location | | | | | | | | | | | | | | | | |
| On a VA hospital ward | 61 | 59.2% | 31 | 81.6% | 18 | 72.0% | 11 | 61.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 100.0% |
| In VA own community housing | 22 | 21.4% | 0 | 0.0% | 1 | 4.0% | 0 | 0.0% | 12 | 100.0% | 8 | 100.0% | 1 | 100.0% | 0 | 0.0% |
| In a building on VA grounds | 18 | 17.5% | 7 | 18.4% | 5 | 20.0% | 6 | 33.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| In leased community property | 2 | 1.9% | 0 | 0.0% | 1 | 4.0% | 1 | 5.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Most Frequent Diagnostic Target Populations (top three) | | | | | | | | | | | | | | | | |
| Substance abuse | 77 | 74.8% | 36 | 94.7% | 8 | 32.0% | 11 | 61.1% | 12 | 100.0% | 8 | 100.0% | 1 | 100.0% | 1 | 100.0% |
| Severe mental illness | 18 | 17.5% | 1 | 2.6% | 14 | 56.0% | 1 | 5.6% | 0 | 0.0% | 2 | 25.0% | 0 | 0.0% | 0 | 0.0% |
| Dual diagnosis | 85 | 82.5% | 35 | 92.1% | 19 | 76.0% | 11 | 61.1% | 11 | 91.7% | 8 | 100.0% | 0 | 0.0% | 1 | 100.0% |
| All psychiatric conditions | 26 | 25.2% | 7 | 18.4% | 12 | 48.0% | 2 | 11.1% | 3 | 25.0% | 1 | 12.5% | 1 | 100.0% | 0 | 0.0% |
| PTSD | 55 | 53.4% | 18 | 47.4% | 10 | 40.0% | 18 | 100.0% | 4 | 33.3% | 3 | 37.5% | 1 | 100.0% | 1 | 100.0% |
| Medical co-morbidities | 27 | 26.2% | 15 | 39.5% | 2 | 8.0% | 5 | 27.8% | 4 | 33.3% | 1 | 12.5% | 0 | 0.0% | 0 | 0.0% |
| Most Frequent Special Patient Populations (top three) | | | | | | | | | | | | | | | | |
| Homeless | 98 | 95.1% | 38 | 100.0% | 22 | 88.0% | 16 | 88.9% | 12 | 100.0% | 8 | 100.0% | 1 | 100.0% | 1 | 100.0% |
| Female | 58 | 56.3% | 21 | 55.3% | 17 | 68.0% | 8 | 44.4% | 5 | 41.7% | 5 | 62.5% | 1 | 100.0% | 1 | 100.0% |
| Elderly | 43 | 41.7% | 22 | 57.9% | 12 | 48.0% | 4 | 22.2% | 2 | 16.7% | 3 | 37.5% | 0 | 0.0% | 0 | 0.0% |
| AIDS/HIV | 40 | 38.8% | 20 | 52.6% | 3 | 12.0% | 4 | 22.2% | 7 | 58.3% | 5 | 62.5% | 1 | 100.0% | 0 | 0.0% |
| Other | 22 | 21.4% | 4 | 10.5% | 7 | 28.0% | 6 | 33.3% | 4 | 33.3% | 1 | 12.5% | 0 | 0.0% | 0 | 0.0% |

† The number of operating beds includes programs that were operational during all or part of FY 2000.

Table 1b. Number of PR RTP Programs and Number of Operating Beds by Fiscal Year.

| | FY96 | FY97 | FY98 | FY99 | FY00† | Change from FY96 to FY00 | Change from FY96 to FY00 | Change from FY99 to FY00 | Change from FY99 to FY00 |
|---|------|------|------|------|-------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Total number of PR RTP programs | 38 | 56 | 100 | 98 | 103 | 65 | 171.1% | 5 | 5.1% |
| Total number of PR RTP operating beds† | 711 | 1175 | 2135 | 1972 | 2062 | 1351 | 190.0% | 90 | 4.6% |
| Number of SAARTP programs | 6 | 20 | 45 | 39 | 38 | 32 | 533.3% | -1 | -2.6% |
| Number of SAARTP operating beds | 133 | 504 | 1091 | 898 | 875 | 742 | 557.9% | -23 | -2.6% |
| Number of PR RTP (general) programs | 8 | 11 | 17 | 20 | 25 | 17 | 212.5% | 5 | 25.0% |
| Number of PR RTP (general) operating beds | 147 | 176 | 321 | 334 | 451 | 304 | 206.8% | 117 | 35.0% |
| Number of PRRP programs | 5 | 6 | 19 | 19 | 18 | 13 | 260.0% | -1 | -5.3% |
| Number of PRRP operating beds | 92 | 145 | 359 | 374 | 346 | 254 | 276.1% | -28 | -7.5% |
| Number of SA CWT/TR programs | 11 | 12 | 12 | 12 | 12 | 1 | 9.1% | 0 | 0.0% |
| Number of SA CWT/TR operating beds | 200 | 217 | 235 | 227 | 222 | 22 | 11.0% | -5 | -2.2% |
| Number of HCMI CWT/TR programs | 8 | 7 | 7 | 8 | 8 | 0 | 0.0% | 0 | 0.0% |
| Number of HCMI CWT/TR operating beds | 139 | 133 | 129 | 139 | 151 | 12 | 8.6% | 12 | 8.6% |
| Number of PTSD CWT/TR programs | n.a. | n.a. | n.a. | n.a. | 1 | 1 | n.a. | 1 | n.a. |
| Number of PTSD CWT/TR operating beds | n.a. | n.a. | n.a. | n.a. | 7 | 7 | n.a. | 7 | n.a. |
| Number of General CWT/TR programs | n.a. | n.a. | n.a. | n.a. | 1 | 1 | n.a. | 1 | n.a. |
| Number of General CWT/TR operating beds | n.a. | n.a. | n.a. | n.a. | 10 | 10 | n.a. | 10 | n.a. |

† The number of operating beds includes programs that were operational during all or part of FY 2000.

Table 1c. Summary of Program Changes During FY00.

| VISN | Site Code | SITE | PRRTP Category | # Beds Affected by Change | Status |
|------|-----------|-----------------------|----------------|------------------------------|--|
| 1 | 523 | Boston | PTSD CWT/TR | 7 | Opened 02/00 |
| 2 | 528A5 | Canandaigua | General PRRTP | 5 | Increased beds from 25 to 30 during FY00 |
| 3 | 620 | Montrose | General PRRTP | 32 | Opened 12/99 |
| 3 | 620 | Montrose | PRRP | 21 | Opened during FY00 |
| 4 | 542 | Coatesville | PRRP | -4 | Decreased beds from 43 to 39 during FY00 |
| 4 | 542 | Coatesville | SARRTP | -35 | Closed 07/00 |
| 4 | 542 | Coatesville | SARRTP | -40 | Closed 07/00 |
| 4 | 595 | Lebanon | HCMC CWT/TR | 10 | Increased beds from 10 to 20 during FY00 |
| 4 | 646 | Pittsburgh | General PRRTP | 24 | Opened 03/00 |
| 6 | 590 | Hampton | SA CWT/TR | -5 | Decreased beds from 26 to 21 during FY00 |
| 8 | 546 | Miami | PRRP | -6 | Decreased beds from 16 to 10 during FY00 |
| 11 | 515 | Battle Creek | General PRRTP | -27 | Closed 01/00 |
| 12 | 578 | Hines | General PRRTP | 30 | Opened 01/00 |
| 12 | 585 | Iron Mountain | General PRRTP | 12 | Opened 10/99 |
| 12 | 676 | Tomah | General CWT/TR | 10 | Opened 01/00 |
| 15 | 689 | Kansas City | General PRRTP | -25 | Closed 06/00 |
| 15 | 609 | Marion IL | General PRRTP | -8 | Closed temporarily 04/00 |
| 15 | 677A4 | Leavenworth/Topeka | General PRRTP | 25 | Opened 06/00 |
| 16 | 520 | Biloxi | SARRTP | -35 | Closed 08/00 |
| 16 | 598 | Little Rock | PRRP | -28 | Closed 04/00 |
| 17 | 549 | Dallas | SARRTP | 8 | Increased beds from 32 to 40 during FY00 |
| 18 | 501 | Albuquerque | General PRRTP | 6 | Increased beds from 6 to 12 during FY00 |
| 20 | 663A4 | American Lake/Seattle | General PRRTP | 6 | Opened 03/00 |
| 20 | 663 | American Lake/Seattle | SARRTP | 18 | Closed 02/00 |
| 20 | 687 | Walla Walla | SARRTP | 5 | Increased beds from 16 to 21 during FY00 |
| 21 | 570 | Fresno | SARRTP | -20 | Closed 04/00 |
| 21 | 640 | Palo Alto | SARRTP | -25 | Closed 10/01/00 |

Table 2. PR RTP Program Characteristics; Services Provided by PR RTP Type for FY00.

| Program Characteristics | ALL PR RTP PROGRAMS | | TYPE OF PR RTP | | | | | | | | | | | | | |
|-----------------------------------|---------------------|-------|----------------|-------|------------------|--------|------|--------|-----------|--------|-------------|--------|-------------|--------|------------|--------|
| | N= 103 Programs | | SARRTP | | PR RTP (general) | | PRRP | | SA CWT/TR | | HCMI CWT/TR | | PTSD CWT/TR | | GEN CWT/TR | |
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Services Provided | | | | | | | | | | | | | | | | |
| Assessment and diagnosis | 100 | 97.1% | 36 | 94.7% | 25 | 100.0% | 18 | 100.0% | 11 | 91.7% | 8 | 100.0% | 1 | 100.0% | 1 | 100.0% |
| Relapse prevention | 98 | 95.1% | 37 | 97.4% | 21 | 84.0% | 18 | 100.0% | 12 | 100.0% | 8 | 100.0% | 1 | 100.0% | 1 | 100.0% |
| Crises intervention | 95 | 92.2% | 34 | 89.5% | 22 | 88.0% | 18 | 100.0% | 11 | 91.7% | 8 | 100.0% | 1 | 100.0% | 1 | 100.0% |
| Detoxification | 21 | 20.4% | 13 | 34.2% | 4 | 16.0% | 2 | 11.1% | 0 | 0.0% | 1 | 12.5% | 1 | 100.0% | 0 | 0.0% |
| Substance abuse counseling | 98 | 95.1% | 37 | 97.4% | 23 | 92.0% | 16 | 88.9% | 12 | 100.0% | 8 | 100.0% | 1 | 100.0% | 1 | 100.0% |
| Individual counseling | 97 | 94.2% | 35 | 92.1% | 22 | 88.0% | 18 | 100.0% | 12 | 100.0% | 8 | 100.0% | 1 | 100.0% | 1 | 100.0% |
| Group counseling | 99 | 96.1% | 37 | 97.4% | 22 | 88.0% | 18 | 100.0% | 12 | 100.0% | 8 | 100.0% | 1 | 100.0% | 1 | 100.0% |
| Medication management | 94 | 91.3% | 37 | 97.4% | 23 | 92.0% | 18 | 100.0% | 7 | 58.3% | 7 | 87.5% | 1 | 100.0% | 1 | 100.0% |
| Couples/family counseling | 79 | 76.7% | 34 | 89.5% | 18 | 72.0% | 15 | 83.3% | 7 | 58.3% | 3 | 37.5% | 1 | 100.0% | 1 | 100.0% |
| Work therapy/training | 71 | 68.9% | 21 | 55.3% | 18 | 72.0% | 10 | 55.6% | 12 | 100.0% | 8 | 100.0% | 1 | 100.0% | 1 | 100.0% |
| Social skills training | 95 | 92.2% | 33 | 86.8% | 23 | 92.0% | 18 | 100.0% | 12 | 100.0% | 7 | 87.5% | 1 | 100.0% | 1 | 100.0% |
| Daily living skills training | 91 | 88.3% | 33 | 86.8% | 24 | 96.0% | 13 | 72.2% | 11 | 91.7% | 8 | 100.0% | 1 | 100.0% | 1 | 100.0% |
| Money management | 75 | 72.8% | 22 | 57.9% | 22 | 88.0% | 9 | 50.0% | 12 | 100.0% | 8 | 100.0% | 1 | 100.0% | 1 | 100.0% |
| Occupational/recreational therapy | 90 | 87.4% | 36 | 94.7% | 23 | 92.0% | 17 | 94.4% | 7 | 58.3% | 6 | 75.0% | 1 | 100.0% | 0 | 0.0% |
| Self-help groups | 91 | 88.3% | 36 | 94.7% | 20 | 80.0% | 15 | 83.3% | 11 | 91.7% | 7 | 87.5% | 1 | 100.0% | 1 | 100.0% |
| Discharge planning | 101 | 98.1% | 37 | 97.4% | 24 | 96.0% | 18 | 100.0% | 12 | 100.0% | 8 | 100.0% | 1 | 100.0% | 1 | 100.0% |

Table 3. PR RTP Program Characteristics; Staffing by PR RTP Type for FY00.

| Program Characteristics | ALL PR RTP PROGRAMS | | TYPE OF PR RTP | | | | | | | | | | | | | |
|--|---------------------|--------|----------------|--------|------------------|--------|--------|--------|-----------|--------|-------------|--------|-------------|--------|----------------|--------|
| | N=103 Programs | | SARRTP | | PR RTP (general) | | PRRP | | SA CWT/TR | | HCMC CWT/TR | | PTSD CWT/TR | | General CWT/TR | |
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Total FTEE | 875.56 | 100.0% | 375.63 | 100.0% | 212.20 | 100.0% | 212.65 | 100.0% | 37.03 | 100.0% | 25.18 | 100.0% | 1.50 | 100.0% | 2.00 | 100.0% |
| Total Clinical FTEE† | 810.67 | 92.6% | 347.38 | 92.5% | 199.14 | 93.8% | 195.16 | 91.8% | 32.53 | 87.8% | 24.45 | 97.1% | 1.50 | 100.0% | 1.90 | 95.0% |
| Physician/psychiatrist | 33.62 | 3.8% | 15.42 | 4.1% | 6.93 | 3.3% | 9.58 | 4.5% | 0.52 | 1.4% | 0.32 | 1.3% | 0.00 | 0.0% | 0.10 | 5.0% |
| Psychologist | 44.58 | 5.1% | 17.67 | 4.7% | 5.19 | 2.4% | 18.12 | 8.5% | 2.25 | 6.1% | 0.60 | 2.4% | 0.50 | 33.3% | 0.00 | 0.0% |
| Physician assistant | 21.33 | 2.4% | 12.90 | 3.4% | 2.16 | 1.0% | 4.95 | 2.3% | 0.37 | 1.0% | 0.20 | 0.8% | 0.00 | 0.0% | 0.00 | 0.0% |
| RN, clinical nurse specialist, nurse practitioner | 143.30 | 16.4% | 57.70 | 15.4% | 41.58 | 19.6% | 41.60 | 19.6% | 0.97 | 2.6% | 1.35 | 5.4% | 0.00 | 0.0% | 0.10 | 5.0% |
| LPN, LVN, nurses aide | 173.88 | 19.9% | 55.39 | 14.7% | 81.74 | 38.5% | 36.65 | 17.2% | 0.00 | 0.0% | 0.00 | 0.0% | 0.00 | 0.0% | 0.10 | 5.0% |
| Addiction therapist/counselor (non-MSW) | 86.80 | 9.9% | 66.75 | 17.8% | 5.83 | 2.7% | 5.00 | 2.4% | 3.72 | 10.0% | 0.50 | 2.0% | 0.00 | 0.0% | 0.00 | 0.0% |
| Social worker | 70.72 | 8.1% | 25.96 | 6.9% | 12.91 | 6.1% | 22.88 | 10.8% | 0.87 | 2.3% | 6.50 | 25.8% | 0.00 | 0.0% | 0.60 | 30.0% |
| Psychology/social work/rehab/ health technician or aide | 107.40 | 12.3% | 47.50 | 12.6% | 23.35 | 11.0% | 26.55 | 12.5% | 8.00 | 21.6% | 1.00 | 4.0% | 1.00 | 66.7% | 0.00 | 0.0% |
| Program coordinator/ administrator/director | 42.00 | 4.8% | 17.52 | 4.7% | 7.28 | 3.4% | 8.85 | 4.2% | 4.15 | 11.2% | 3.20 | 12.7% | 0.00 | 0.0% | 0.50 | 25.0% |
| Health/social science specialist | 12.24 | 1.4% | 1.85 | 0.5% | 0.32 | 0.2% | 5.37 | 2.5% | 3.00 | 8.1% | 1.50 | 6.0% | 0.00 | 0.0% | 0.20 | 10.0% |
| Recreational therapist | 28.34 | 3.2% | 14.08 | 3.7% | 7.39 | 3.5% | 5.87 | 2.8% | 0.00 | 0.0% | 0.00 | 0.0% | 0.00 | 0.0% | 0.00 | 0.0% |
| Vocational rehab specialist | 20.86 | 2.4% | 5.95 | 1.6% | 1.81 | 0.9% | 0.00 | 0.0% | 5.60 | 15.1% | 7.20 | 28.6% | 0.00 | 0.0% | 0.30 | 15.0% |
| Secretary/admin asst/clerk | 64.89 | 7.4% | 28.25 | 7.5% | 13.06 | 6.2% | 17.50 | 8.2% | 4.50 | 12.2% | 0.73 | 2.9% | 0.00 | 0.0% | 0.10 | 5.0% |
| All other staff | 25.60 | 2.9% | 8.69 | 2.3% | 2.65 | 1.2% | 9.74 | 4.6% | 3.08 | 8.3% | 2.08 | 8.3% | 0.00 | 0.0% | 0.00 | 0.0% |
| Number of Operating Beds†† | 2062 | | 875 | | 451 | | 346 | | 222 | | 151 | | 7 | | 10 | |
| Mean Staff to Operational Bed Ratio | 0.42 | | 0.43 | | 0.47 | | 0.61 | | 0.17 | | 0.17 | | 0.21 | | 0.20 | |

†Total clinical FTEE includes all staff with the exception of secretaries, administrative assistants and clerks.

†† The number of operating beds shown were operational as of the end of FY00 unless the program closed during the fiscal year; programs that closed show the number of beds active during the operational portion of the fiscal year.

Table 4. PRRTTP Program Characteristics; Night, Weekend and Evening Coverage by PRRTTP Type for FY00.

| Program Characteristics | ALL PRRTTP PROGRAMS N=103 Programs | | TYPE OF PRRTTP | | | | | | | | | | | | | |
|---|---------------------------------------|-------|-------------------------|-------|-----------------------------------|-------|-----------------------|-------|----------------------------|-------|-----------------------------|-------|----------------------------|--------|-------------------------------|--------|
| | | | SARRTP N=38 Programs | | PRRTTP (general) N=25 Programs | | PRRP N=18 Programs | | SA CWT/TR N=12 Programs | | HCMC CWT/TR N=8 Programs | | PTSD CWT/TR N=1 Program | | General CWT/TR N=1 Program | |
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Night, Weekend and Evening Coverage | | | | | | | | | | | | | | | | |
| Paid VA staff present 24hrs/7days | 61 | 59.2% | 27 | 71.1% | 19 | 76.0% | 14 | 77.8% | 1 | 8.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| House managers with VA clinical staff available by phone or pager for emergencies; VA clinical staff present some of the time | 25 | 24.3% | 6 | 15.8% | 5 | 20.0% | 2 | 11.1% | 7 | 58.3% | 3 | 37.5% | 1 | 100.0% | 1 | 100.0% |
| House managers with VA clinical staff available by phone or pager for emergencies | 14 | 13.6% | 3 | 7.9% | 1 | 40.0% | 1 | 5.6% | 4 | 33.3% | 5 | 62.5% | 0 | 0.0% | 0 | 0.0% |
| Other, not specified above | 3 | 2.9% | 2 | 5.3% | 0 | 0.0% | 1 | 5.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Periods exist in the program when a house manager and/or VA clinician are not physically present during the evening, the night or the weekend† | 17 | 16.5% | 7 | 18.4% | 3 | 12.0% | 2 | 11.1% | 2 | 16.7% | 3 | 37.5% | 0 | 0.0% | 0 | 0.0% |

† See tables 19a-e for footnotes on individual sites without coverage during the evening, night, and/or weekend.

Table 5a. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files).†

| Veteran Characteristics | ALL PR RTP PROGRAMS | | | | |
|------------------------------|--|--|---|---|--|
| | FY96 N=2,204 Discharges N= 38 Programs N= 711 Beds | FY97 N= 6,117 Discharges N= 56 Programs N= 1175 Beds | FY98 N=16,470 Discharges N= 100 Programs N= 2135 Beds | FY99 N= 16,318 Discharges N= 98 Programs N= 1972 Beds | FY00 N= 14,362 Discharges N= 103 Programs N= 2062 Beds |
| | | | | | |
| Sex | | | | | |
| Male | 97.8% | 97.1% | 97.3% | 97.1% | 97.1% |
| Female | 2.2% | 2.9% | 2.7% | 2.9% | 2.9% |
| Ethnicity | | | | | |
| White | 50.1% | 53.4% | 57.6% | 55.3% | 56.1% |
| African American | 39.5% | 37.7% | 35.3% | 36.2% | 36.2% |
| Hispanic | 4.3% | 3.9% | 3.6% | 3.4% | 3.2% |
| Other or unknown | 6.1% | 5.0% | 3.5% | 5.2% | 4.5% |
| % Service Connected | | | | | |
| Any service connection | 25.1% | 25.2% | 27.8% | 31.2% | 31.5% |
| <50% | 13.3% | 13.2% | 14.9% | 15.9% | 14.8% |
| 50-100% | 11.8% | 12.0% | 12.9% | 15.4% | 16.8% |
| Psychiatric Diagnoses | | | | | |
| Substance abuse/dependency | 70.7% | 79.5% | 79.1% | 73.2% | 71.6% |
| Alcohol dependency/abuse | 43.7% | 53.1% | 54.3% | 49.8% | 49.2% |
| Drug dependency/abuse | 27.0% | 26.4% | 24.7% | 23.4% | 22.4% |
| Schizophrenia | 10.8% | 3.0% | 2.4% | 2.6% | 3.2% |
| Other psychotic disorder | 4.5% | 2.5% | 2.7% | 3.0% | 3.9% |
| PTSD | 8.9% | 10.1% | 12.5% | 18.5% | 17.5% |
| Other psychiatric disorder | 3.5% | 2.9% | 1.8% | 1.8% | 1.6% |
| Length of Stay (days) | | | | | |
| Mean | 82.4 | 44.1 | 29.4 | 34.7 | 34.7 |
| Standard Deviation | 98.6 | 57.3 | 43.1 | 43.6 | 42.9 |

† The number of operating beds includes programs that were operational during all or part of FY 2000.

Table 5b. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); SARRTP Programs.†

| Veteran Characteristics | SARRTP PROGRAMS | | | |
|------------------------------|--|--|---|--|
| | FY96 | FY97 | FY99 | FY00 |
| | N=988 Discharges N= 6 Programs N= 133 Beds | N=3,889 Discharges N= 20 Programs N= 504 Beds | N=10,225 Discharges N= 39 Programs N= 898 Beds | N=9,182 Discharges N= 38 Programs N= 875 Beds |
| Sex | | | | |
| Male | 97.5% | 97.6% | 97.4% | 97.4% |
| Female | 2.5% | 2.4% | 2.6% | 2.6% |
| Ethnicity | | | | |
| White | 44.1% | 53.9% | 52.3% | 53.7% |
| African American | 48.0% | 40.0% | 40.8% | 39.5% |
| Hispanic | 5.4% | 2.8% | 2.8% | 2.8% |
| Other or unknown | 2.5% | 3.3% | 4.1% | 4.0% |
| % Service Connected | | | | |
| Any service connection | 15.8% | 18.5% | 21.6% | 22.2% |
| <50% | 11.9% | 11.6% | 13.1% | 12.8% |
| 50-100% | 3.8% | 6.9% | 8.5% | 9.4% |
| Psychiatric Diagnoses | | | | |
| Substance abuse/dependency | 99.0% | 96.4% | 98.4% | 92.2% |
| Alcohol dependency/abuse | 56.9% | 63.3% | 66.1% | 66.2% |
| Drug dependency/abuse | 42.1% | 33.1% | 32.2% | 30.0% |
| Schizophrenia | 0.3% | 0.4% | 0.1% | 0.3% |
| Other psychotic disorder | 0.4% | 0.7% | 0.6% | 0.5% |
| PTSD | 0.2% | 0.3% | 0.4% | 0.5% |
| Other psychiatric disorder | 0.0% | 1.9% | | 0.3% |
| Length of Stay (days) | | | | |
| Mean | 34.6 | 26.5 | 25.1 | 25.6 |
| Standard Deviation | 35.5 | 23.7 | 18.7 | 20.6 |

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

Table 5c. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); General PR RTP Programs.†

| Veteran Characteristics | GENERAL PR RTP PROGRAMS | | | |
|------------------------------|---|--|--|--|
| | FY96 N=630 Discharges N= 8 Programs N= 147 Beds | FY97 n=1,002 Discharges N= 11 Programs N= 176 Beds | FY99 N=2,980 Discharges N= 20 Programs N= 334 Beds | FY00 N=2,115 Discharges N= 25 Programs N= 451 Beds |
| Sex | | | | |
| Male | 97.8% | 96.0% | 95.1% | 93.8% |
| Female | 2.2% | 4.0% | 4.9% | 6.2% |
| Ethnicity | | | | |
| White | 50.8% | 44.7% | 60.5% | 63.1% |
| African American | 28.7% | 38.2% | 25.8% | 26.7% |
| Hispanic | 4.6% | 7.4% | 4.2% | 4.6% |
| Other or unknown | 15.9% | 9.7% | 9.4% | 5.6% |
| % Service Connected | | | | |
| Any service connection | 38.4% | 32.2% | 37.2% | 38.2% |
| <50% | 12.4% | 11.7% | 15.5% | 12.9% |
| 50-100% | 26.0% | 20.6% | 21.7% | 25.3% |
| Psychiatric Diagnoses | | | | |
| Substance abuse/dependency | 36.7% | 55.5% | 46.6% | 40.9% |
| Alcohol dependency/abuse | 28.3% | 41.4% | 35.3% | 29.4% |
| Drug dependency/abuse | 8.4% | 14.1% | 11.3% | 11.4% |
| Schizophrenia | 36.8% | 16.6% | 13.6% | 20.2% |
| Other psychotic disorder | 12.4% | 9.9% | 13.4% | 22.6% |
| PTSD | 6.8% | 2.4% | 96.9% | 7.9% |
| Other psychiatric disorder | 5.2% | 6.5% | | 6.8% |
| Length of Stay (days) | | | | |
| Mean | 120.8 | 44.7 | 38.5 | 37.6 |
| Standard Deviation | 127.0 | 48.0 | 49.0 | 52.8 |

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

Table 5d. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); PRRP Programs.†

| Veteran Characteristics | PRRP PROGRAMS | | | |
|------------------------------|--|---|--|--|
| | FY96 N=153 Discharges N= 5 Programs N= 92 Beds | FY97 N=623 Discharges N= 6 Programs N= 145 Beds | FY99 N=2,532 Discharges N= 19 Programs N= 374 Beds | FY00 N=2,371 Discharges N= 18 Programs N= 346 Beds |
| Sex | | | | |
| Male | 99.4% | 95.4% | 98.4% | 99.1% |
| Female | 0.7% | 4.7% | 1.6% | 0.9% |
| Ethnicity | | | | |
| White | 85.6% | 70.0% | 63.0% | 60.6% |
| African American | 10.5% | 12.2% | 27.6% | 30.0% |
| Hispanic | 2.0% | 7.5% | 4.8% | 3.9% |
| Other or unknown | 1.9% | 10.3% | 4.7% | 5.5% |
| % Service Connected | | | | |
| Any service connection | 67.3% | 69.8% | 68.4% | 66.8% |
| <50% | 34.6% | 29.5% | 28.9% | 25.4% |
| 50-100% | 32.7% | 40.3% | 39.5% | 41.4% |
| Psychiatric Diagnoses | | | | |
| Substance abuse/dependency | 0.7% | 4.8% | 2.8% | 2.3% |
| Alcohol dependency/abuse | 0.7% | 3.1% | 1.8% | 1.6% |
| Drug dependency/abuse | 0.0% | 1.8% | 1.0% | 0.7% |
| Schizophrenia | 0.7% | 0.0% | 0.1% | 0.0% |
| Other psychotic disorder | 1.3% | 2.3% | 0.4% | 0.5% |
| PTSD | 94.1% | 93.1% | 96.9% | 96.4% |
| Other psychiatric disorder | 2.0% | 1.9% | | 1.8% |
| Length of Stay (days) | | | | |
| Mean | 60.7 | 49.9 | 39.0 | 36.9 |
| Standard Deviation | 55.4 | 25.9 | 31.2 | 23.8 |

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

Table 5e. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); SA CWT/TR Programs.†

| | SA CWT/TR PROGRAMS | | | |
|--------------------------------|--|--|--|--|
| | FY96 N=300 Discharges N= 11 Programs N= 200 Beds | FY97 N=421 Discharges N= 12 Programs N= 217 Beds | FY99 N=342 Discharges N= 12 Programs N= 227 Beds | FY00 N=398 Discharges N= 12 Programs N= 222 Beds |
| Veteran Characteristics | | | | |
| Sex | | | | |
| Male | 97.7% | 97.6% | 95.3% | 94.7% |
| Female | 2.3% | 2.4% | 4.7% | 5.3% |
| Ethnicity | | | | |
| White | 48.3% | 42.3% | 37.7% | 42.2% |
| African American | 50.5% | 53.9% | 55.0% | 52.3% |
| Hispanic | 0.7% | 1.9% | 3.5% | 2.5% |
| Other or unknown | 0.3% | 1.9% | 3.8% | 3.0% |
| % Service Connected | | | | |
| Any service connection | 11.3% | 10.0% | 9.9% | 9.8% |
| <50% | 10.3% | 8.3% | 8.2% | 8.3% |
| 50-100% | 1.0% | 1.7% | 1.8% | 1.5% |
| Psychiatric Diagnoses | | | | |
| Substance abuse/dependency | 93.0% | 96.9% | 77.2% | 78.9% |
| Alcohol dependency/abuse | 59.0% | 64.4% | 47.1% | 46.5% |
| Drug dependency/abuse | 34.0% | 32.5% | 30.1% | 32.4% |
| Schizophrenia | 0.3% | 0.0% | 0.0% | 0.5% |
| Other psychotic disorder | 1.3% | 0.7% | 0.9% | 1.0% |
| PTSD | 2.3% | 1.0% | 0.6% | 0.5% |
| Other psychiatric disorder | 1.3% | 1.0% | | 1.0% |
| Length of Stay (days) | | | | |
| Mean | 151.8 | 148.3 | 169.4 | 152.4 |
| Standard Deviation | 104.2 | 106.9 | 111.9 | 99.3 |

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

Table 5f. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); HCMI CWT/TR Programs.†

| Veteran Characteristics | HCMI CWT/TR PROGRAMS | | | |
|------------------------------|---|---|---|---|
| | FY96 N=133 Discharges N= 8 Programs N= 139 Beds | FY97 N=182 Discharges N= 7 Programs N= 133 Beds | FY99 N=239 Discharges N= 8 Programs N= 139 Beds | FY00 N=281 Discharges N= 8 Programs N= 151 Beds |
| Sex | | | | |
| Male | 98.5% | 96.7% | 95.0% | 97.5% |
| Female | 1.5% | 3.3% | 5.0% | 2.5% |
| Ethnicity | | | | |
| White | 54.1% | 61.0% | 61.1% | 62.3% |
| African American | 35.3% | 34.6% | 33.9% | 31.7% |
| Hispanic | 6.0% | 1.1% | 2.1% | 1.4% |
| Other or unknown | 4.5% | 3.3% | 2.9% | 4.6% |
| % Service Connected | | | | |
| Any service connection | 13.5% | 9.3% | 12.1% | 18.9% |
| <50% | 10.5% | 8.2% | 7.5% | 12.8% |
| 50-100% | 3.0% | 1.1% | 4.6% | 6.0% |
| Psychiatric Diagnoses | | | | |
| Substance abuse/dependency | 52.6% | 64.3% | 68.2% | 75.1% |
| Alcohol dependency/abuse | 34.6% | 44.0% | 44.8% | 48.4% |
| Drug dependency/abuse | 18.1% | 20.3% | 23.4% | 26.7% |
| Schizophrenia | 1.5% | 0.0% | 1.7% | 0.7% |
| Other psychotic disorder | 7.5% | 5.0% | 3.8% | 6.1% |
| PTSD | 0.8% | 1.1% | 4.2% | 3.6% |
| Other psychiatric disorder | 27.1% | 12.6% | | 2.1% |
| Length of Stay (days) | | | | |
| Mean | 124.2 | 155.8 | 159.0 | 124.1 |
| Standard Deviation | 101.6 | 113.8 | 103.8 | 99.2 |

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

Table 5g. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); PTSD and General CWT/TR Programs.[†]

| Veteran Characteristics | PTSD and GENERAL CWT/TR PROGRAMS | |
|------------------------------|--|---|
| | FY00 PTSD N=3 Discharges N= 1 Program N=7 Beds | FY00 General CWT/TR N=12 Discharges N= 1 Programs N=10 Beds |
| Sex | | |
| Male | 0.0% | 91.7% |
| Female | 100.0% | 8.3% |
| Ethnicity | | |
| White | 100.0% | 83.3% |
| African American | 0.0% | 16.7% |
| Hispanic | 0.0% | 0.0% |
| Other or unknown | 0.0% | 0.0% |
| % Service Connected | | |
| Any service connection | 66.7% | 25.0% |
| <50% | 0.0% | 0.0% |
| 50-100% | 66.7% | 25.0% |
| Psychiatric Diagnoses | | |
| Substance abuse/dependency | 0.0% | 91.7% |
| Alcohol dependency/abuse | 0.0% | 91.7% |
| Drug dependency/abuse | 0.0% | 0.0% |
| Schizophrenia | 0.0% | 0.0% |
| Other psychotic disorder | 33.3% | 0.0% |
| PTSD | 0.0% | 8.3% |
| Other psychiatric disorder | 66.7% | 0.0% |
| Length of Stay (days) | | |
| Mean | 23.0 | 71.0 |
| Standard Deviation | 11.8 | 51.4 |

[†] Data are not available for previous fiscal years as FY00 is the first year of operation for these two types of PR RTP programs.

Table 6. Types of PRRTTP's by VISN and by Fiscal Year.

| VISN | TOTAL # of Programs in VISN | | | | | Total Number of SARRTTP's | | | | | Total Number of General PRRTTP's | | | | | Total Number of PRRP's | | | | |
|-----------------------------|-----------------------------|------|------|------|------|---------------------------|-------|-------|-------|-------|----------------------------------|-------|-------|-------|-------|------------------------|-------|-------|-------|-------|
| | FY96 | FY97 | FY98 | FY99 | FY00 | FY96 | FY97 | FY98 | FY99 | FY00 | FY96 | FY97 | FY98 | FY99 | FY00 | FY96 | FY97 | FY98 | FY99 | FY00 |
| 1† | 4 | 5 | 8 | 7 | 7 | 0 | 1 | 3 | 2 | 2 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 |
| 2 | 1 | 2 | 6 | 5 | 5 | 0 | 0 | 3 | 2 | 2 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 |
| 3 | 2 | 2 | 5 | 6 | 8 | 1 | 1 | 3 | 3 | 3 | 1 | 1 | 1 | 1 | 2 | 0 | 0 | 1 | 1 | 2 |
| 4 | 4 | 8 | 10 | 9 | 11 | 2 | 5 | 5 | 5 | 5 | 0 | 1 | 1 | 1 | 2 | 0 | 0 | 2 | 1 | 2 |
| 5 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | 2 | 3 | 5 | 4 | 4 | 0 | 1 | 3 | 3 | 3 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | 1 | 2 | 6 | 7 | 7 | 0 | 1 | 3 | 3 | 3 | 1 | 1 | 1 | 2 | 2 | 0 | 0 | 2 | 2 | 2 |
| 9 | 0 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | 2 | 5 | 5 | 6 | 4 | 0 | 3 | 2 | 2 | 1 | 2 | 1 | 2 | 2 | 1 | 0 | 0 | 0 | 1 | 1 |
| 11 | 1 | 3 | 4 | 4 | 4 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 |
| 12† | 1 | 1 | 6 | 7 | 10 | 0 | 0 | 3 | 4 | 4 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 2 | 2 |
| 13 | 1 | 1 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 14 | 1 | 2 | 2 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 15 | 1 | 2 | 3 | 3 | 4 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 2 | 3 | 0 | 0 | 0 | 0 | 0 |
| 16 | 3 | 3 | 6 | 7 | 8 | 1 | 1 | 3 | 2 | 2 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 2 | 2 |
| 17 | 1 | 1 | 2 | 2 | 2 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| 19 | 1 | 0 | 5 | 3 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 2 | 2 | 0 |
| 20 | 3 | 3 | 7 | 8 | 9 | 0 | 1 | 4 | 4 | 4 | 1 | 1 | 1 | 2 | 3 | 2 | 1 | 1 | 1 | 1 |
| 21 | 3 | 6 | 9 | 9 | 9 | 0 | 0 | 2 | 2 | 2 | 0 | 1 | 2 | 2 | 2 | 1 | 3 | 3 | 3 | 3 |
| 22 | 0 | 0 | 2 | 2 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 |
| TOTAL | 38 | 56 | 100 | 98 | 103 | 6 | 20 | 45 | 39 | 38 | 8 | 11 | 17 | 20 | 25 | 5 | 6 | 19 | 19 | 18 |
| % of Total for the FY | 100% | 100% | 100% | 100% | 100% | 15.8% | 35.7% | 45.0% | 39.8% | 36.9% | 21.1% | 19.6% | 17.0% | 20.4% | 24.5% | 13.2% | 10.7% | 19.0% | 19.4% | 17.6% |

† One PTSD CWT/TR program in VISN 1 became operational in FY00, and one General CWT/TR program in VISN 12 became operational in FY00.

Table 6 cont. Types of PR RTP's by VISN and by Fiscal Year.

| VISN | Total Number of Substance Abuse CWT/TR's | | | | | Total Number of HCMI CWT/TR's† | | | | |
|-----------------------------|--|-------|-------|-------|-------|--------------------------------|-------|------|------|------|
| | FY96 | FY97 | FY98 | FY99 | FY00 | FY96 | FY97 | FY98 | FY99 | FY00 |
| 1† | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 |
| 2 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 5 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 6 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 7 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 11 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 12† | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 13 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 14 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 16 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 17 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 21 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 11 | 12 | 12 | 12 | 12 | 8 | 7 | 7 | 8 | 8 |
| % of Total for the FY | 28.9% | 21.4% | 12.0% | 12.2% | 11.8% | 21.1% | 12.5% | 7.0% | 8.2% | 7.8% |

† One PTSD CWT/TR program in VISN 1 became operational in FY00, and one General CWT/TR program in VISN 12 became operational in FY00.

Table 7. Beds, Discharges and Mean Length of Stay by VISN and by Fiscal Year.

| VISN | Number of Beds | | | | | | | Number of Discharges† | | | | | | | Mean LOS†, †† | | | | | | |
|--------------------|----------------|--------------|--------------|--------------|--------------|--------------------------|--------------------------|-----------------------|--------------|---------------|---------------|---------------|--------------------------|--------------------------|---------------|--------------|-------------|-------------|-------------|--------------------------|----------------------------|
| | FY96 | FY97 | FY98 | FY99 | FY00 | Change from FY99 to FY00 | Change from FY99 to FY00 | FY96 | FY97 | FY98 | FY99 | FY00 | Change from FY99 to FY00 | Change from FY99 to FY00 | FY96 | FY97 | FY98 | FY99 | FY00 | Change from FY99 to FY00 | % Change from FY99 to FY00 |
| 1 | 97 | 117 | 167 | 149 | 132 | -17 | -11.4% | 124 | 290 | 864 | 584 | 487 | -97 | -16.6% | 127.9 | 94.8 | 37.7 | 72.8 | 71.6 | -1.1 | -1.6% |
| 2 | 11 | 19 | 118 | 94 | 94 | 0 | 0.0% | 18 | 61 | 769 | 886 | 992 | 106 | 12.0% | 113.4 | 82.6 | 27.4 | 30.0 | 24.0 | -6.0 | -19.9% |
| 3 | 55 | 55 | 140 | 144 | 191 | 47 | 32.6% | 280 | 92 | 1045 | 1004 | 920 | -84 | -8.4% | 205.9 | 100.2 | 30.0 | 34.9 | 43.6 | 8.7 | 24.9% |
| 4 | 74 | 173 | 223 | 198 | 245 | 47 | 23.7% | 592 | 1954 | 2317 | 2141 | 1822 | -319 | -14.9% | 34.5 | 23.1 | 21.3 | 28.1 | 28.6 | 0.4 | 1.6% |
| 5 | 10 | 32 | 32 | 32 | 10 | -22 | -68.8% | 0 | 81 | 232 | 179 | 182 | 3 | 1.7% | NA | 31.8 | 49.0 | 54.5 | 55.5 | 1.1 | 2.0% |
| 6 | 29 | 54 | 97 | 96 | 91 | -5 | -5.2% | 40 | 403 | 719 | 833 | 781 | -52 | -6.2% | 155.2 | 42.5 | 31.5 | 34.3 | 34.4 | 0.1 | 0.4% |
| 7 | 6 | 6 | 12 | 12 | 12 | 0 | 0.0% | 0 | 14 | 6 | 20 | 40 | 20 | 100.0% | NA | 165.3 | 79.3 | 178.8 | 106.7 | -72.1 | -40.3% |
| 8 | 18 | 43 | 120 | 122 | 116 | -6 | -4.9% | 51 | 181 | 902 | 772 | 743 | -29 | -3.8% | 98.7 | 88.2 | 37.0 | 44.8 | 44.3 | -0.6 | -1.2% |
| 9 | 0 | 30 | 19 | 19 | 19 | 0 | 0.0% | NA | 214 | 352 | 391 | 332 | -59 | -15.1% | NA | 29.2 | 11.9 | 12.5 | 12.3 | -0.2 | -1.5% |
| 10 | 53 | 110 | 110 | 127 | 80 | -47 | -37.0% | 211 | 637 | 1184 | 934 | 597 | -337 | -36.1% | 64.8 | 38.5 | 33.1 | 38.2 | 38.7 | 0.5 | 1.4% |
| 11 | 12 | 98 | 125 | 116 | 116 | 0 | 0.0% | 31 | 229 | 1059 | 1016 | 1017 | 1 | 0.1% | 110.4 | 47.0 | 28.9 | 34.1 | 35.6 | 1.5 | 4.4% |
| 12 | 22 | 22 | 152 | 151 | 203 | 52 | 34.4% | 43 | 32 | 482 | 1243 | 1513 | 270 | 21.7% | 151.5 | 218.9 | 36.3 | 35.1 | 36.8 | 1.7 | 4.8% |
| 13 | 10 | 10 | 35 | 35 | 35 | 0 | 0.0% | 11 | 24 | 167 | 153 | 146 | -7 | -4.6% | 216.8 | 123.8 | 52.1 | 60.4 | 60.6 | 0.2 | 0.3% |
| 14 | 9 | 27 | 28 | 18 | 18 | 0 | 0.0% | 23 | 116 | 15 | 141 | 105 | -36 | -25.5% | 127.0 | 49.8 | 16.2 | 37.7 | 31.1 | -6.6 | -17.5% |
| 15 | 38 | 55 | 63 | 63 | 88 | 25 | 39.7% | 46 | 94 | 668 | 693 | 540 | -153 | -22.1% | 130.3 | 114.5 | 15.9 | 20.7 | 20.2 | -0.5 | -2.3% |
| 16 | 72 | 65 | 121 | 139 | 151 | 12 | 8.6% | 117 | 281 | 1105 | 1295 | 1139 | -156 | -12.0% | 89.2 | 66.9 | 29.0 | 29.7 | 29.4 | -0.3 | -1.0% |
| 17 | 20 | 20 | 60 | 52 | 60 | 8 | 15.4% | 21 | 18 | 593 | 572 | 517 | -55 | -9.6% | 161.8 | 140.1 | 22.4 | 27.4 | 26.4 | -1.0 | -3.6% |
| 18 | 55 | 66 | 68 | 36 | 42 | 6 | 16.7% | 445 | 614 | 493 | 443 | 382 | -61 | -13.8% | 40.6 | 32.1 | 26.1 | 28.0 | 27.3 | -0.7 | -2.5% |
| 19 | 20 | 0 | 100 | 38 | 17 | -21 | -55.3% | 85 | NA | 939 | 321 | 106 | -215 | -67.0% | 44.1 | NA | 29.7 | 40.9 | 44.7 | 3.8 | 9.4% |
| 20 | 69 | 74 | 144 | 143 | 154 | 11 | 7.7% | 42 | 389 | 1149 | 1109 | 746 | -363 | -32.7% | 44.5 | 34.5 | 29.4 | 34.1 | 32.3 | -1.8 | -5.2% |
| 21 | 31 | 99 | 158 | 145 | 158 | 13 | 9.0% | 24 | 393 | 909 | 1094 | 836 | -258 | -23.6% | 84.1 | 57.1 | 41.7 | 44.7 | 45.9 | 1.2 | 2.6% |
| 22 | 0 | 0 | 43 | 43 | 30 | -13 | -30.2% | NA | NA | 501 | 494 | 419 | -75 | -15.2% | NA | NA | 28.1 | 25.7 | 16.7 | -9.0 | -35.0% |
| Nat. Total | 711 | 1,175 | 2,135 | 1,972 | 2,062 | 90 | 4.6% | 2,204 | 6,117 | 16,470 | 16,318 | 14,362 | -1,956 | -12.0% | 82.4 | 44.1 | 29.5 | 34.7 | 34.7 | -3.3 | -2.0% |
| Veteran Avg | | | | | | | | | | | | | | | | | | | | | |
| VISN Avg | 33.9 | 56.0 | 97.0 | 89.6 | 93.7 | 4.1 | -1.1% | 110.2 | 305.9 | 748.6 | 741.7 | 652.8 | -88.9 | -8.7% | 111.2 | 79.04 | 32.5 | 43.0 | 39.4 | -3.7 | -3.6% |
| VISN STD | 26.8 | 42.7 | 55.0 | 54.7 | 67.5 | 22.9 | 26.4% | 154.5 | 420.4 | 490.9 | 478.5 | 451.0 | 143.9 | 29.4% | 53.0 | 51.1 | 14.0 | 32.3 | 20.2 | 15.3 | 13.6% |

† Data on discharges and length of stay were obtained from VA's PTF, using both inpatient and extended care files and includes Madison.

†† LOS was truncated to 365 days.

Table 8. Number of Operational Beds, Total FTEE and Ratio of FTEE to Operational Beds by VISN and by Fiscal Year.

| VISN | Number of Programs in VISN | | | | | | | | Number of Operational Beds | | | | | | | | Total Number of FTEE | | | | | | | | FTEE to Operational Bed Ratio† | | | | | | | |
|-----------|-------------------------------|------|------|------|------|-----------------------------------|----------------------------------|------|-------------------------------|------|------|------|-----------------------------------|----------------------------------|-------|-------|-------------------------|-------|-------|-----------------------------------|----------------------------------|------|------|------|-----------------------------------|------|-----------------------------------|----------------------------------|--|--|--|--|
| | FY96 | FY97 | FY98 | FY99 | FY00 | Change from FY99 to FY00 | % Change from FY99 to FY00 | FY96 | FY97 | FY98 | FY99 | FY00 | Change from FY99 to FY00 | % Change from FY99 to FY00 | FY96 | FY97 | FY98 | FY99 | FY00 | Change from FY99 to FY00 | % Change from FY99 to FY00 | FY96 | FY97 | FY98 | FY99 | FY00 | Change from FY99 to FY00 | % Change from FY99 to FY00 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 4 | 5 | 8 | 7 | 7 | 0 | 0.0% | 97 | 117 | 167 | 149 | 132 | -17 | -11.4% | 16.9 | 21.6 | 56.3 | 33.5 | 30.0 | -3.4 | -10.3% | 0.17 | 0.23 | 0.37 | 0.26 | 0.23 | -0.03 | -10.2% | | | | |
| 2 | 1 | 2 | 6 | 5 | 5 | 0 | 0.0% | 11 | 19 | 118 | 94 | 94 | 0 | 0.0% | 3.7 | 4.4 | 73.2 | 52.3 | 50.6 | -1.7 | -3.3% | 0.34 | 0.25 | 0.58 | 0.52 | 0.54 | 0.02 | 4.2% | | | | |
| 3 | 2 | 2 | 5 | 6 | 8 | 2 | 33.3% | 55 | 55 | 140 | 144 | 191 | 47 | 32.6% | 14 | 10.7 | 56.5 | 53.3 | 70.3 | 17.0 | 31.9% | 0.25 | 0.20 | 0.41 | 0.35 | 0.37 | 0.03 | 7.2% | | | | |
| 4 | 4 | 8 | 10 | 9 | 11 | 2 | 22.2% | 74 | 173 | 223 | 198 | 245 | 47 | 23.7% | 28.3 | 71.9 | 90.3 | 87.3 | 110.9 | 23.6 | 27.1% | 0.38 | 0.41 | 0.43 | 0.39 | 0.45 | 0.06 | 16.0% | | | | |
| 5 | 1 | 1 | 1 | 1 | 1 | 0 | 0.0% | 10 | 32 | 32 | 32 | 10 | -22 | -68.8% | 1.5 | 13.5 | 10.9 | 11.5 | 9.9 | -1.6 | -13.9% | 0.15 | 0.42 | 0.34 | 0.36 | 0.99 | 0.63 | 175.8% | | | | |
| 6 | 2 | 3 | 5 | 4 | 4 | 0 | 0.0% | 29 | 54 | 97 | 96 | 91 | -5 | -5.2% | 4.9 | 21.3 | 47.1 | 42.0 | 40.6 | -1.4 | -3.3% | 0.17 | 0.31 | 0.47 | 0.47 | 0.45 | -0.02 | -4.5% | | | | |
| 7 | 1 | 1 | 1 | 1 | 1 | 0 | 0.0% | 6 | 6 | 12 | 12 | 12 | 0 | 0.0% | 1.6 | 1.5 | 1.9 | 1.4 | 2.7 | 1.3 | 96.3% | 0.27 | 0.25 | 0.16 | 0.11 | 0.22 | 0.11 | 96.4% | | | | |
| 8 | 1 | 2 | 6 | 7 | 7 | 0 | 0.0% | 18 | 43 | 120 | 122 | 116 | -6 | -4.9% | 9.1 | 9.6 | 61.8 | 51.5 | 49.3 | -2.2 | -4.2% | 0.51 | 0.24 | 0.58 | 0.45 | 0.42 | -0.03 | -5.8% | | | | |
| 9 | 0 | 1 | 1 | 1 | 1 | 0 | 0.0% | 0 | 30 | 19 | 19 | 19 | 0 | 0.0% | NA | 6.1 | 8.9 | 12.4 | 13.2 | 0.8 | 6.5% | NA | 0.20 | 0.47 | 0.65 | 0.69 | 0.04 | 6.2% | | | | |
| 10 | 2 | 5 | 5 | 6 | 4 | -2 | -33.3% | 53 | 110 | 110 | 127 | 80 | -47 | -37.0% | 20.8 | 76.7 | 83.4 | 59.7 | 37.8 | -21.9 | -36.7% | 0.39 | 0.73 | 0.87 | 0.47 | 0.47 | 0.00 | -0.2% | | | | |
| 11 | 1 | 3 | 4 | 4 | 4 | 0 | 0.0% | 12 | 98 | 125 | 116 | 116 | 0 | 0.0% | 2.3 | 38.0 | 52.9 | 50.6 | 56.0 | 5.5 | 10.8% | 0.19 | 0.35 | 0.40 | 0.38 | 0.48 | 0.10 | 26.3% | | | | |
| 12 | 1 | 1 | 6 | 7 | 10 | 3 | 42.9% | 22 | 22 | 152 | 151 | 203 | 52 | 34.4% | 6.9 | 6.5 | 65.5 | 73.2 | 98.6 | 25.4 | 34.6% | 0.31 | 0.30 | 0.44 | 0.49 | 0.49 | 0.00 | 0.0% | | | | |
| 13 | 1 | 1 | 2 | 2 | 2 | 0 | 0.0% | 10 | 10 | 35 | 35 | 35 | 0 | 0.0% | 2.4 | 3.1 | 15.0 | 16.9 | 14.5 | -2.4 | -14.4% | 0.24 | 0.31 | 0.40 | 0.41 | 0.41 | 0.00 | -0.6% | | | | |
| 14 | 1 | 2 | 2 | 1 | 1 | 0 | 0.0% | 9 | 27 | 28 | 18 | 18 | 0 | 0.0% | 3 | 7.5 | 10.8 | 5.8 | 6.5 | 0.7 | 12.1% | 0.33 | 0.25 | 0.38 | 0.32 | 0.36 | 0.04 | 12.5% | | | | |
| 15 | 1 | 2 | 3 | 3 | 4 | 1 | 33.3% | 38 | 55 | 63 | 63 | 88 | 25 | 39.7% | 7 | 16.6 | 26.4 | 29.1 | 37.0 | 7.9 | 27.0% | 0.18 | 0.31 | 0.57 | 0.73 | 0.42 | -0.31 | -42.1% | | | | |
| 16 | 3 | 3 | 6 | 7 | 8 | 1 | 14.3% | 72 | 65 | 121 | 139 | 151 | 12 | 8.6% | 31.5 | 21.8 | 77.6 | 60.2 | 68.3 | 8.1 | 13.5% | 0.44 | 0.42 | 0.73 | 0.47 | 0.45 | -0.02 | -4.7% | | | | |
| 17 | 1 | 1 | 2 | 2 | 2 | 0 | 0.0% | 20 | 20 | 60 | 52 | 60 | 8 | 15.4% | 2.8 | 2.4 | 8.3 | 6.5 | 8.0 | 1.5 | 23.9% | 0.14 | 0.12 | 0.13 | 0.12 | 0.13 | 0.01 | 6.6% | | | | |
| 18 | 4 | 4 | 4 | 3 | 3 | 0 | 0.0% | 55 | 66 | 68 | 36 | 42 | 6 | 16.7% | 23.1 | 34.6 | 31.3 | 27.7 | 24.4 | -3.3 | -11.9% | 0.42 | 0.52 | 0.49 | 0.85 | 0.58 | -0.27 | -31.8% | | | | |
| 19 | 1 | 0 | 5 | 3 | 1 | -2 | -66.7% | 20 | 0 | 100 | 38 | 17 | -21 | -55.3% | 7.2 | NA | 44.5 | 22.4 | 7.2 | -15.2 | -67.9% | 0.36 | NA | 0.49 | 0.58 | 0.42 | -0.16 | -27.1% | | | | |
| 20 | 3 | 3 | 7 | 8 | 9 | 1 | 12.5% | 69 | 74 | 144 | 143 | 154 | 11 | 7.7% | 16.9 | 32.8 | 52.2 | 45.2 | 48.0 | 2.8 | 6.1% | 0.24 | 0.48 | 0.38 | 0.35 | 0.31 | -0.04 | -10.4% | | | | |
| 21 | 3 | 6 | 9 | 9 | 9 | 0 | 0.0% | 31 | 99 | 158 | 145 | 158 | 13 | 9.0% | 23 | 67.2 | 88.8 | 62.4 | 73.6 | 11.3 | 18.0% | 0.74 | 0.56 | 0.51 | 0.40 | 0.47 | 0.07 | 17.2% | | | | |
| 22 | 0 | 0 | 2 | 2 | 1 | -1 | -50.0% | 0 | 0 | 43 | 43 | 30 | -13 | -30.2% | NA | NA | 23.0 | 28.5 | 18.5 | -10.0 | -35.1% | NA | NA | 0.48 | 0.70 | 0.62 | -0.08 | -11.9% | | | | |
| Nat.Total | 38 | 56 | 100 | 98 | 103 | 5 | 5.1% | 711 | 1175 | 2135 | 1972 | 2062 | 90 | 4.6% | 226.9 | 467.8 | 986.6 | 833.2 | 875.7 | 42.6 | 5.1% | 0.32 | 0.40 | 0.49 | 0.44 | 0.42 | -0.02 | -4.5% | | | | |
| VISN Avg | 1.7 | 2.5 | 4.5 | 4.5 | 4.7 | 0.2 | 0.4% | 32.3 | 53.4 | 97.0 | 89.6 | 93.7 | 4.1 | -1.1% | 10.3 | 21.3 | 44.8 | 37.9 | 39.8 | 1.9 | 4.8% | 0.28 | 0.31 | 0.46 | 0.45 | 0.45 | 0.01 | 10.0% | | | | |
| VISN S.D. | 1.2 | 2.0 | 2.6 | 2.7 | 3.3 | 1.1 | 24.3% | 26.8 | 43.3 | 55.0 | 54.7 | 67.5 | 22.9 | 26.4% | 9.6 | 22.9 | 27.9 | 23.2 | 29.8 | 10.8 | 31.4% | 0.16 | 0.17 | 0.16 | 0.18 | 0.17 | 0.17 | 44.5% | | | | |

† Greater ratios reflect higher staffing. These ratios do not factor in bed occupancy.

Table 9. Most Frequent Diagnostic Target Populations Treated in PR RTP's by VISN for FY00.

| VISN | Number of Programs in VISN | MOST FREQUENT TOP THREE TARGET POPULATIONS | | | | | |
|--------------|----------------------------|---|--|---|---------------------------------------|---|---|
| | | Number of Programs with Substance Abuse Disorder Targeted | Number of Programs with Severe Mental Illness Targeted | Number of Programs with Dual Diagnosis Targeted | Number of Programs with PTSD Targeted | Number of Programs with All Psych Conditions Targeted | Programs with Medical Co-Morbidities Targeted |
| 1 | 7 | 7 | 0 | 6 | 5 | 1 | 2 |
| 2 | 5 | 5 | 1 | 4 | 2 | 1 | 1 |
| 3 | 8 | 6 | 1 | 5 | 4 | 4 | 3 |
| 4 | 11 | 8 | 1 | 10 | 7 | 2 | 5 |
| 5 | 1 | 1 | 0 | 1 | 1 | 0 | 0 |
| 6 | 4 | 4 | 0 | 4 | 0 | 1 | 3 |
| 7 | 1 | 1 | 0 | 1 | 1 | 0 | 0 |
| 8 | 7 | 4 | 1 | 7 | 3 | 2 | 2 |
| 9 | 1 | 1 | 0 | 1 | 1 | 0 | 0 |
| 10 | 4 | 2 | 1 | 4 | 1 | 2 | 1 |
| 11 | 4 | 3 | 0 | 3 | 3 | 1 | 0 |
| 12 | 10 | 7 | 2 | 7 | 6 | 2 | 2 |
| 13 | 2 | 1 | 1 | 2 | 1 | 0 | 1 |
| 14 | 1 | 1 | 0 | 1 | 0 | 1 | 0 |
| 15 | 4 | 3 | 3 | 3 | 0 | 2 | 1 |
| 16 | 8 | 5 | 2 | 6 | 5 | 2 | 2 |
| 17 | 2 | 2 | 1 | 2 | 1 | 0 | 0 |
| 18 | 3 | 3 | 0 | 3 | 2 | 0 | 1 |
| 19 | 1 | 0 | 1 | 0 | 1 | 1 | 0 |
| 20 | 9 | 7 | 2 | 7 | 4 | 1 | 2 |
| 21 | 9 | 5 | 1 | 7 | 6 | 3 | 1 |
| 22 | 1 | 1 | 0 | 1 | 1 | 0 | 0 |
| Total | 103 (100%) | 77 (74.8%) | 18 (17.5%) | 85 (82.5%) | 55 (53.4%) | 26 (25.2%) | 27 (26.2%) |

Table 10. Most Frequent Special Patient Populations Treated in PR RTP's by VISN for FY00.

| VISN | Number of Programs in VISN | Most Frequent TopThree Special Patient Populations | | | | |
|--------------|----------------------------|--|--------------------------------------|--|---|---|
| | | Number of Programs Targeting the Homeless | Number of Programs Targeting Females | Number of Programs Targeting the Elderly | Number of Programs Targeting Veterans with AIDS/HIV | Number of Programs Targeting Other Special Populations† |
| 1 | 7 | 7 | 3 | 2 | 5 | 2 |
| 2 | 5 | 4 | 2 | 1 | 1 | 0 |
| 3 | 8 | 8 | 3 | 2 | 6 | 2 |
| 4 | 11 | 11 | 7 | 4 | 7 | 1 |
| 5 | 1 | 1 | 0 | 1 | 0 | 0 |
| 6 | 4 | 4 | 3 | 2 | 3 | 0 |
| 7 | 1 | 1 | 1 | 0 | 1 | 0 |
| 8 | 7 | 7 | 7 | 4 | 4 | 0 |
| 9 | 1 | 1 | 1 | 1 | 0 | 0 |
| 10 | 4 | 4 | 2 | 2 | 0 | 0 |
| 11 | 4 | 3 | 2 | 2 | 1 | 0 |
| 12 | 10 | 10 | 4 | 4 | 4 | 3 |
| 13 | 2 | 2 | 0 | 1 | 0 | 1 |
| 14 | 1 | 1 | 1 | 1 | 0 | 0 |
| 15 | 4 | 4 | 4 | 3 | 1 | 0 |
| 16 | 8 | 8 | 4 | 3 | 3 | 1 |
| 17 | 2 | 2 | 2 | 2 | 0 | 0 |
| 18 | 3 | 3 | 1 | 2 | 0 | 2 |
| 19 | 1 | 1 | 0 | 0 | 0 | 1 |
| 20 | 9 | 8 | 5 | 5 | 1 | 3 |
| 21 | 9 | 7 | 5 | 1 | 2 | 6 |
| 22 | 1 | 1 | 1 | 0 | 1 | 0 |
| Total | 103 (100%) | 98 (95.1%) | 58 (56.3%) | 43 (42.7%) | 40 (38.8%) | 22 (21.3%) |

† Other populations includes veterans with vocational deficits, Native Americans, Vietnam veterans and combat veterans.

Table 11. Mean Ratings of the Importance of Services Directly Provided by PR RTP Staff by VISN for FY00.

| | | | | | |
|---------------|-----------------|------------------|-------------------|------------------|-------------------|
| Scale: | Service | Service | Service | Service | Service of |
| 0-5 | not | Somewhat | Moderately | Quite | Primary |
| | Provided | Important | Important | Important | Importance |
| | 0 | 1 | 2 | 3 | 4 |

| VISN | Number of Programs in VISN | Assessment and Diagnosis | Relapse Prevention | Crisis Inter- vention | Detox- ification | Substance Abuse Counseling | Individual Counseling | Group Counseling | Medication Manage- ment | Couples/ Family Counseling | Work Therapy | Social Skills Training | Daily Living Skills Training | Money Manage- ment | Occupational/ Recreational Therapy | Self-help Groups | Discharge Planning |
|--------------------|---|---|-------------------------------|--------------------------------------|-----------------------------|---|----------------------------------|-----------------------------|--|---|-------------------------|---------------------------------------|---|-----------------------------------|---|-----------------------------|-------------------------------|
| 1 | 7 | 3.6 | 3.6 | 2.7 | 0.3 | 3.6 | 2.9 | 3.4 | 2.1 | 1.0 | 2.3 | 2.9 | 2.0 | 2.1 | 2.3 | 3.1 | 3.6 |
| 2 | 5 | 4.0 | 3.8 | 3.4 | 0.8 | 3.8 | 3.6 | 4.0 | 3.6 | 2.4 | 2.6 | 2.0 | 2.2 | 2.0 | 2.0 | 3.2 | 4.0 |
| 3 | 8 | 3.8 | 3.6 | 2.1 | 0.3 | 3.8 | 3.0 | 3.8 | 3.4 | 1.5 | 1.5 | 2.6 | 2.4 | 1.9 | 2.3 | 3.4 | 3.9 |
| 4 | 11 | 3.5 | 3.9 | 2.3 | 1.1 | 3.5 | 3.1 | 3.6 | 3.0 | 1.7 | 1.6 | 2.7 | 2.5 | 1.7 | 2.4 | 3.2 | 3.8 |
| 5 | 1 | 4.0 | 4.0 | 4.0 | 0.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 3.0 | 4.0 | 4.0 | 4.0 |
| 6 | 4 | 3.3 | 3.8 | 1.8 | 0.8 | 4.0 | 3.5 | 3.5 | 2.8 | 2.3 | 2.3 | 1.5 | 1.5 | 1.8 | 2.0 | 3.3 | 4.0 |
| 7 | 1 | 4.0 | 2.0 | 3.0 | 2.0 | 3.0 | 4.0 | 4.0 | 2.0 | 0.0 | 3.0 | 2.0 | 2.0 | 4.0 | 2.0 | 4.0 | 3.0 |
| 8 | 7 | 3.9 | 3.6 | 2.6 | 0.3 | 3.0 | 3.3 | 3.9 | 3.7 | 2.4 | 2.1 | 3.4 | 2.6 | 1.7 | 3.3 | 2.9 | 3.7 |
| 9 | 1 | 4.0 | 4.0 | 2.0 | 2.0 | 4.0 | 3.0 | 4.0 | 4.0 | 2.0 | 3.0 | 4.0 | 4.0 | 2.0 | 2.0 | 4.0 | 4.0 |
| 10 | 4 | 3.5 | 3.5 | 2.5 | 0.0 | 2.8 | 2.8 | 3.8 | 3.5 | 2.3 | 1.8 | 2.8 | 2.5 | 2.0 | 3.3 | 2.8 | 4.0 |
| 11 | 4 | 3.3 | 2.8 | 2.3 | 0.0 | 2.8 | 3.5 | 2.8 | 2.3 | 0.8 | 2.3 | 2.8 | 2.3 | 1.5 | 2.5 | 2.5 | 3.8 |
| 12 | 10 | 3.8 | 3.3 | 2.1 | 0.0 | 2.9 | 2.6 | 3.5 | 2.8 | 1.1 | 1.7 | 2.9 | 2.9 | 1.9 | 2.4 | 2.5 | 4.0 |
| 13 | 2 | 2.5 | 4.0 | 2.5 | 0.0 | 4.0 | 2.5 | 4.0 | 2.5 | 2.5 | 3.0 | 4.0 | 2.5 | 3.0 | 2.5 | 2.5 | 3.0 |
| 14 | 1 | 4.0 | 3.0 | 2.0 | 1.0 | 4.0 | 3.0 | 4.0 | 1.0 | 1.0 | 1.0 | 2.0 | 2.0 | 1.0 | 2.0 | 3.0 | 4.0 |
| 15 | 4 | 3.5 | 3.3 | 2.7 | 1.3 | 2.8 | 3.0 | 4.0 | 3.0 | 1.3 | 2.3 | 3.3 | 2.8 | 2.5 | 3.0 | 2.5 | 3.8 |
| 16 | 8 | 3.6 | 3.3 | 2.6 | 0.6 | 3.0 | 2.4 | 3.5 | 2.3 | 1.4 | 2.1 | 3.0 | 2.3 | 1.9 | 2.5 | 2.4 | 3.6 |
| 17 | 2 | 1.5 | 2.0 | 1.5 | 0.0 | 1.0 | 1.5 | 1.5 | 0.5 | 0.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.0 | 2.0 | 2.0 |
| 18 | 3 | 4.0 | 3.7 | 3.0 | 1.3 | 4.0 | 3.0 | 4.0 | 2.7 | 2.3 | 2.7 | 3.3 | 3.0 | 2.7 | 2.7 | 3.3 | 4.0 |
| 19 | 1 | 4.0 | 3.0 | 3.0 | 0.0 | 3.0 | 3.0 | 4.0 | 3.0 | 3.0 | 2.0 | 4.0 | 2.0 | 2.0 | 4.0 | 0.0 | 4.0 |
| 20 | 9 | 2.8 | 3.1 | 1.6 | 0.0 | 3.0 | 2.4 | 3.8 | 3.1 | 0.7 | 1.1 | 2.9 | 2.4 | 1.3 | 2.6 | 2.1 | 3.7 |
| 21 | 9 | 3.0 | 2.8 | 2.1 | 0.9 | 2.7 | 1.6 | 2.6 | 2.1 | 1.1 | 1.3 | 2.1 | 1.9 | 0.9 | 1.7 | 2.0 | 3.0 |
| 22 | 1 | 4.0 | 4.0 | 3.0 | 1.0 | 4.0 | 3.0 | 4.0 | 3.0 | 3.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 4.0 | 4.0 |
| Program Avg | | 3.5 | 3.4 | 2.3 | 0.5 | 3.2 | 2.8 | 3.5 | 2.8 | 1.5 | 1.9 | 2.8 | 2.4 | 1.8 | 2.4 | 2.7 | 3.7 |
| VISN Avg | | 3.5 | 3.4 | 2.5 | 0.6 | 3.3 | 2.9 | 3.6 | 2.7 | 1.7 | 2.2 | 2.8 | 2.4 | 2.0 | 2.5 | 2.8 | 3.7 |
| VISN S.D. | | 0.61 | 0.58 | 0.59 | 0.63 | 0.71 | 0.62 | 0.60 | 0.86 | 0.98 | 0.68 | 0.74 | 0.60 | 0.67 | 0.69 | 0.88 | 0.49 |

Table 12. Location of PR RTP Programs by VISN for FY00.

| VISN | # Programs in VISN | VA Hospital Ward | VA Owned Housing in the Community | Building on VA Grounds | Leased Property in the Community |
|--------------|-------------------------------|-------------------------|--|-----------------------------------|---|
| 1 | 7 | 2 | 4 | 1 | 0 |
| 2 | 5 | 3 | 1 | 1 | 0 |
| 3 | 8 | 6 | 1 | 1 | 0 |
| 4 | 11 | 9 | 2 | 0 | 0 |
| 5 | 1 | 0 | 0 | 1 | 0 |
| 6 | 4 | 3 | 1 | 0 | 0 |
| 7 | 1 | 0 | 1 | 0 | 0 |
| 8 | 7 | 6 | 0 | 1 | 0 |
| 9 | 1 | 1 | 0 | 0 | 0 |
| 10 | 4 | 2 | 1 | 1 | 0 |
| 11 | 4 | 1 | 1 | 2 | 0 |
| 12 | 10 | 8 | 1 | 1 | 0 |
| 13 | 2 | 1 | 1 | 0 | 0 |
| 14 | 1 | 1 | 0 | 0 | 0 |
| 15 | 4 | 2 | 1 | 1 | 0 |
| 16 | 8 | 6 | 2 | 0 | 0 |
| 17 | 2 | 1 | 1 | 0 | 0 |
| 18 | 3 | 0 | 0 | 2 | 1 |
| 19 | 1 | 0 | 0 | 1 | 0 |
| 20 | 9 | 6 | 2 | 1 | 0 |
| 21 | 9 | 2 | 2 | 4 | 1 |
| 22 | 1 | 1 | 0 | 0 | 0 |
| Total | 103 (100%) | 61 (59.2%) | 22 (21.4%) | 18 (17.5%) | 2 (1.9%) |

Table 13a. SARRTP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY00.†

| VISN | Site | Operational Beds FY00 | Discharges During FY00† | Mean Length of Stay† | Total FTEE | FTEE to Operational Bed Ratio |
|-----------------------------------|-------------------------------|-----------------------|-------------------------|----------------------|---------------|-------------------------------|
| SARRTP | | | | | | |
| 1 | 523 Boston, MA | 20 | 187 | 33.7 | 4.95 | 0.25 |
| 1 | 523A5 Brockton, MA | 15 | 78 | 25.1 | 4.80 | 0.32 |
| 2 | 500 Albany, NY | 10 | 24 | 26.7 | 7.70 | 0.77 |
| 2 | 528 Western New York HCS | 24 | 397 | 23.4 | 6.55 | 0.27 |
| 3 | 561 New Jersey HCS | 30 | 404 | 21.3 | 17.70 | 0.59 |
| 3 | 620 Hudson Valley HCS†† | 24 | n.a. | n.a. | 7.50 | 0.31 |
| 3 | 632 Northport, NY | 30 | 114 | 100.8 | 3.70 | 0.12 |
| 4 | 540 Clarksburg, WV | 12 | 138 | 19.9 | 7.28 | 0.61 |
| 4 | 542 Coatesville, PA††† | 35 | 890 | 19.8 | 16.60 | 0.47 |
| 4 | 542 Coatesville, PA††† | 40 | see above | see above | 15.60 | 0.39 |
| 4 | 595 Lebanon, PA | 26 | 259 | 18.7 | 18.25 | 0.70 |
| 4 | 693 Wilkes Barre, PA | 10 | 164 | 18.0 | 4.82 | 0.48 |
| 5 | 512A4 Maryland HCS | 10 | 182 | 55.5 | 9.90 | 0.99 |
| 6 | 637 Asheville, NC | 18 | 195 | 22.6 | 10.90 | 0.61 |
| 6 | 658 Salem, VA | 17 | 237 | 23.1 | 12.60 | 0.74 |
| 6 | 659 Salisbury, NC | 35 | 305 | 35.5 | 13.75 | 0.39 |
| 8 | 516 Bay Pines, FL | 20 | 259 | 25.6 | 7.20 | 0.36 |
| 8 | 546 Miami, FL | 24 | 114 | 57.1 | 3.75 | 0.16 |
| 8 | 573 No.Florida/So.Georgia HCS | 20 | 135 | 47.7 | 0.87 | 0.04 |
| 9 | 614 Memphis, TN | 19 | 332 | 12.3 | 13.15 | 0.69 |
| 10 | 539 Cincinnati, OH | 17 | 355 | 15.5 | 14.00 | 0.82 |
| 11 | 515 Battle Creek, MI | 50 | 570 | 27.2 | 25.40 | 0.51 |
| 12 | 537 Chicago HCS | 20 | 214 | 31.2 | 8.25 | 0.41 |
| 12 | 578 Hines, IL | 25 | 422 | 34.4 | 10.20 | 0.41 |
| 12 | 578 Hines, IL | 25 | see above | see above | 11.72 | 0.47 |
| 12 | 607 Madison, WI†††† | 20 | 31 | 123.8 | n.a. | n.a. |
| 12 | 676 Tomah, WI | 22 | 198 | 24.3 | 12.72 | 0.58 |
| 14 | 636A4 Nebraska-West. Iowa HCS | 18 | 105 | 31.1 | 6.50 | 0.36 |
| 16 | 520 Gulf Coast HCS | 35 | 544 | 18.4 | 18.00 | 0.51 |
| 16 | 586 Jackson, MS | 15 | 234 | 22.5 | 10.98 | 0.73 |
| 17 | 549 North Texas HCS | 40 | 483 | 20.1 | 5.01 | 0.13 |
| 18 | 678 So. Arizona HCS | 20 | 240 | 20.7 | 8.90 | 0.45 |
| 20 | 531 Boise, ID | 15 | 166 | 16.9 | 8.00 | 0.53 |
| 20 | 653 Roseburg HCS | 20 | 106 | 26.4 | 9.00 | 0.45 |
| 20 | 663A4 Puget Sound HCS††† | 18 | 89 | 21.9 | 4.78 | 0.27 |
| 20 | 687 Walla Walla, WA | 21 | 249 | 22.6 | 3.91 | 0.19 |
| 21 | 570 Central California HCS | 20 | 35 | 23.8 | 10.00 | 0.50 |
| 21 | 640PA Palo Alto HCS††† | 25 | 185 | 32.5 | 7.50 | 0.30 |
| 22 | 600 Long Beach, CA | 30 | 419 | 16.7 | 18.50 | 0.62 |
| National SARRTP Total/Avg† | | 895 | 9,059 | 25.6 | 380.94 | 0.44 |
| SARRTP Site Average | | 22.9 | 232.3 | 28.6 | 9.77 | 0.45 |
| SARRTP Site S.D. | | 8.7 | 182.0 | 22.9 | 5.38 | 0.22 |

† Adjustments were made to the data in this table because some sites miscoded the type of PRRTD discharges. Iron Mountain's 123 discharges from the General PRRTD were coded incorrectly as SARRTP discharges; thus total SARRTP discharges are not consistent with totals presented in Tables 1-5.

†† NEPEC was unable to make adjustments in data for Hudson Valley's SARRTP program. All of Hudson Valley's 132 discharges were recorded in the category of PRRTD.

††† SARRTP programs at Coatesville (both programs), Puget Sound, Central California (Fresno) and Palo Alto closed during FY00. Data shown represents program activity during the operational portion of the year for these sites.

†††† Madison does not appear in other tables since they did not submit an Annual Narrative for FY00.

Table 13b. General PRRTTP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY00.†

| VISN | Site | Operational Beds FY00 | Discharges During FY00† | Mean Length of Stay† | Total FTEE | FTEE to Operational Bed Ratio |
|---------------------------------------|----------------------------|-----------------------|-------------------------|----------------------|---------------|-------------------------------|
| PRRTTP (general) | | | | | | |
| 2 | 528A5 Canandaigua, NY | 30 | 293 | 25.2 | 21.60 | 0.72 |
| 3 | 561A4 New Jersey HCS | 23 | 77 | 104.7 | 12.75 | 0.55 |
| 3 | 620 Hudson Valley HCS†† | 32 | n.a. | n.a. | 0.30 | 0.01 |
| 4 | 595 Lebanon, PA | 17 | 72 | 69.8 | 1.55 | 0.09 |
| 4 | 646 Pittsburgh HCS | 24 | 12 | 58.0 | 16.25 | 0.68 |
| 8 | 546 Miami, FL | 18 | 32 | 117.3 | 4.35 | 0.24 |
| 8 | 594 No.Florida/So. Georgia | 10 | 70 | 47.3 | 7.80 | 0.78 |
| 10 | 541 Cleveland, OH | 26 | 171 | 46.6 | 15.25 | 0.59 |
| 11 | 515 Battle Creek, MI††† | 27 | 25 | 278.4 | 13.50 | 0.50 |
| 12 | 578 Hines, IL | 30 | 122 | 26.4 | 21.07 | 0.70 |
| 12 | 585 Iron Mountain, MI† | 12 | 123 | 26.7 | 4.68 | 0.39 |
| 13 | 656 St. Cloud, MN | 25 | 134 | 54.2 | 12.45 | 0.50 |
| 15 | 589 Kansas City, MO††† | 25 | 348 | 10.5 | 12.87 | 0.51 |
| 15 | 609 Marion, IL††† | 8 | 131 | 4.8 | 13.13 | 1.64 |
| 15 | 677A4 Eastern Kansas HCS | 25 | 14 | 49.9 | 8.35 | 0.33 |
| 16 | 580 Houston, TX | 12 | 22 | 64.7 | 10.33 | 0.86 |
| 16 | 586 Jackson, MS | 6 | 53 | 17.9 | 0.37 | 0.06 |
| 18 | 501 New Mexico HCS | 12 | 142 | 38.4 | 8.50 | 0.71 |
| 18 | 501 New Mexico HCS | 10 | see above | see above | 7.00 | 0.70 |
| 19 | 666 Sheridan, WY | 17 | 41 | 50.1 | 7.20 | 0.42 |
| 20 | 463 Alaska HCS | 24 | 5 | 239.0 | 2.30 | 0.10 |
| 20 | 663A4 Puget Sound HCS | 6 | 10 | 30.4 | 5.55 | 0.93 |
| 20 | 687 Walla Walla, WA | 6 | 25 | 17.9 | 0.20 | 0.03 |
| 21 | 640PA Palo Alto HCS | 24 | 286 | 23.0 | 4.20 | 0.18 |
| 21 | 640PA Palo Alto HCS | 2 | see above | see above | 0.65 | 0.33 |
| Nat'l General PRRTTP Total/Avg | | 451 | 2,208 | 37.6 | 212.20 | 0.47 |
| General PRRTTP Site Average | | 18.0 | 88.3 | 56.0 | 8.49 | 0.50 |
| General PRRTTP Site S.D. | | 8.8 | 96.3 | 66.7 | 6.17 | 0.35 |

† Adjustments were made to the data in this table because some sites miscoded the type of PRRTTP discharges. Iron Mountain's 123 discharges are included in this table but were coded incorrectly as SARRTTP discharges in the Patient Treatment File in Austin; thus total General PRRTTP discharges are not consistent with totals presented in Tables 1-5.
†† NEPEC was unable to make adjustments in data for Hudson Valley's General PRRTTP program. All of Hudson Valley's 132 discharges were recorded in the category of PRRP.

††† General PRRTTP programs at Battle Creek, Marion and Kansas City closed during FY00. Data shown represents program activity during the operational portion of the year for these sites.

Table 13c. PRRP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY00.†

| VISN | Site | Operational Beds FY00 | Discharges During FY00† | Mean Length of Stay† | Total FTEE | FTEE to Operational Bed Ratio |
|--------------------------------|----------------------|-----------------------|-------------------------|----------------------|---------------|-------------------------------|
| PRRP | | | | | | |
| 1 689 | Connecticut HCS | 12 | 40 | 78.7 | 5.13 | 0.43 |
| 2 528A4 | Western New York HCS | 16 | 248 | 15.2 | 13.00 | 0.81 |
| 3 561A4 | New Jersey HCS | 19 | 193 | 36.0 | 11.50 | 0.61 |
| 3 620 | Hudson Valley HCS | 21 | 132 | 37.5 | 14.85 | 0.71 |
| 4 540 | Clarksburg, WV†† | 10 | | | 8.67 | 0.87 |
| 4 542 | Coatesville, PA | 39 | 244 | 42.4 | 18.30 | 0.47 |
| 8 516 | Bay Pines, FL | 14 | 62 | 40.5 | 15.60 | 1.11 |
| 8 546 | Miami, FL | 10 | 71 | 52.8 | 5.65 | 0.57 |
| 10 539 | Cincinnati, OH††† | 12 | n.a. | n.a. | 4.50 | 0.38 |
| 11 515 | Battle Creek, MI | 30 | 395 | 23.9 | 15.40 | 0.51 |
| 12 556 | North Chicago, IL | 26 | 268 | 34.9 | 15.45 | 0.59 |
| 12 676 | Tomah, WI | 13 | 90 | 39.7 | 9.51 | 0.73 |
| 16 598 | Central Arkansas HCS | 28 | 117 | 26.4 | 12.46 | 0.44 |
| 16 629 | New Orleans, LA | 10 | 99 | 33.1 | 5.43 | 0.54 |
| 20 663 | Puget Sound HCS | 20 | 55 | 36.4 | 10.01 | 0.50 |
| 21 459 | Hilo, HI †††† | 16 | 68 | 61.9 | 16.60 | 1.04 |
| 21 640PA | Palo Alto HCS | 40 | 223 | 63.4 | 23.40 | 0.59 |
| 21 640PA | Palo Alto HCS | 10 | see above | see above | 7.20 | 0.72 |
| National PRRP Total/Avg | | 346 | 2,305 | 36.9 | 212.66 | 0.61 |
| PRRP Site Average | | 19.2 | 135.6 | 36.6 | 11.81 | 0.65 |
| PRRP Site S.D. | | 9.4 | 105.9 | 20.1 | 5.10 | 0.20 |

† Adjustments were made to the data in this table because some sites miscoded the type of PRRTTP discharges.

†† NEPEC was unable to make adjustments in data for Clarksburg's PRRP program. All of Clarksburg's 138 discharges (LOS 19.9 days) were recorded in the category of SARRTP.

††† NEPEC was unable to make adjustments in data for Cincinnati's PRRP program. All of Cincinnati's 355 discharges (LOS 15.5 days) were recorded in the category of SARRTP.

†††† The PRRP program for Honolulu is located in Hilo. Since there is no VA hospital on the island, the program is staffed at night and on weekends with two full-time staff members resulting in a higher than expected staff to patient ratio.

Table 13d. SA CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY99.†

| VISN | Site | Operational Beds FY00 | Discharges During FY00† | Mean Length of Stay† | Total FTEE | FTEE to Operational Bed Ratio |
|-------------------------------------|--------------------------|----------------------------------|------------------------------------|---------------------------------|-----------------------|--|
| SA CWT/TR | | | | | | |
| 1 | 523 Boston, MA | 20 | 24 | 211.9 | 3.50 | 0.18 |
| 1 | 631 Northampton, MA | 16 | 33 | 123.3 | 1.65 | 0.10 |
| 4 | 646A5 Pittsburgh HCS | 12 | 18 | 151.6 | 2.05 | 0.17 |
| 6 | 590 Hampton, VA | 21 | 44 | 139.5 | 3.30 | 0.16 |
| 10 | 541 Cleveland, OH | 25 | 71 | 135.7 | 4.00 | 0.16 |
| 11 | 515 Battle Creek, MI | 9 | 23 | 179.2 | 1.70 | 0.19 |
| 12 | 556 North Chicago, IL | 20 | 33 | 168.9 | 3.00 | 0.15 |
| 13 | 568 Black Hills HCS | 10 | 12 | 132.8 | 2.00 | 0.20 |
| 15 | 589 Kansas City, MO | 30 | 47 | 126.3 | 2.65 | 0.09 |
| 16 | 598 Central Arkansas HCS | 25 | 41 | 136.5 | 3.43 | 0.14 |
| 20 | 663A4 Puget Sound HCS | 24 | 39 | 178.8 | 4.25 | 0.18 |
| 21 | 640PA Palo Alto HCS | 10 | 13 | 247.6 | 2.50 | 0.25 |
| National SA CWT/TR Total/Avg | | 222 | 398 | 152.4 | 34.03 | 0.15 |
| SA CWT/TR Site Average | | 18.5 | 33.2 | 161.0 | 2.84 | 0.16 |
| SA CWT/TR Site S.D. | | 6.7 | 16.1 | 36.5 | 0.84 | 0.04 |

† Adjustments were made to the data in this table because some sites miscoded the type of PR RTP discharges.

Table 13e. HCMI CWT/TR Operational Beds, Discharges, Length of Stay, Total Clinical FTEE and Clinical FTEE to Bed Ratio for FY00.†

| VISN | Site | Operational Beds FY00 | Discharges During FY00† | Mean Length of Stay† | Total FTEE | FTEE to Operational Bed Ratio |
|---------------------------------------|------------------------|--------------------------|----------------------------|-------------------------|---------------|----------------------------------|
| HCMI CWT/TR | | | | | | |
| 1 | 518 Bedford, MA | 42 | 122 | 116.9 | 5.50 | 0.13 |
| 2 | 500 Albany, NY | 14 | 5 | 63.8 | 1.72 | 0.12 |
| 3 | 561A4 New Jersey HCS†† | 12 | n.a. | n.a. | 2.00 | 0.17 |
| 4 | 595 Lebanon, PA | 20 | 24 | 212.6 | 1.55 | 0.08 |
| 7 | 508 Atlanta, GA | 12 | 40 | 106.7 | 2.65 | 0.22 |
| 16 | 635 Oklahoma City, OK | 20 | 29 | 133.0 | 2.50 | 0.13 |
| 17 | 549 North Texas HCS | 20 | 33 | 112.0 | 2.98 | 0.15 |
| 21 | 662 San Francisco, CA | 11 | 26 | 129.1 | 1.53 | 0.14 |
| National HCMI CWT/TR Total/Avg | | 151 | 279 | 124.1 | 20.43 | 0.14 |
| HCMI CWT/TR Site Average | | 19 | 35 | 109.3 | 2.55 | 0.14 |
| HCMI CWT/TR Site S.D. | | 9 | 35 | 56.7 | 1.22 | 0.04 |

† Adjustments were made to the data in this table because some sites miscoded the type of PR RTP discharges.

†† It was not possible to determine the number of discharges attributable to the Lyons HCMI CWT/TR as their discharges were not coded correctly in the Patient Treatment File in Austin. See Tables 13a, 13b and 13c for all Lyons discharges (SARRTP, General PR RTP and PR RP).

Table 13f. PTSD and General CWT/TR Operational Beds, Discharges, Length of Stay, Total Clinical FTEE and Clinical FTEE to Bed Ratio for FY00.†

| VISN | Site | Operational Beds FY00 | Discharges During FY00† | Mean Length of Stay | Total FTEE | FTEE to Operational Bed Ratio |
|-----------------------|----------------|--------------------------|----------------------------|------------------------|---------------|----------------------------------|
| PTSD CWT/TR | | | | | | |
| 1 | 523 Boston, MA | 7 | 3 | 23.0 | 1.50 | 0.21 |
| General CWT/TR | | | | | | |
| 7 | 676 Tomah, WI | 10 | 12 | 71.0 | 2.00 | 0.20 |
| PTSD CWT/TR | | 20 | 3 | 23.0 | n.a. | n.a. |
| General CWT/TR | | 10 | 12 | 71.0 | n.a. | n.a. |

Table 14a. SARRTP Operational Beds, Total FTEE and FTEE by Discipline for FY00.†

| VISN | | |
|------|--|--|
|------|--|--|

† Madison (VISN 12) does not appear in this table since they did not submit an Annual Narrative for FY00.

†† SARRTP programs at Coatesville (both programs), Puget Sound and Palo Alto closed during FY00. Data shown represents program activity during the operational portion of the year for these sites.

Table 14b. General PR RTP Operational Beds, Total FTEE and FTEE by Discipline for FY00.

| VISN | Site | Number of Operational Beds FY00 | Total FTEE | FTEE by Discipline | | | | | | | | | | | | |
|-----------------------|--------------------------|---------------------------------------|---------------|----------------------------|-------------------|------------------------|---|---------------------------------|---|------------------|---|--|--|--------------------------------|-----------------------------------|--|
| | | | | Physician/ Psychiatrist | Psycho- logist | Physician Assistant | Nurse Specialist, Nurse Pract., RN's | LPN, LVN, Nurse's Aide | Addiction Therapist, Counselor (non-MSW) | Social Worker | Psych/Social Work/Rehab/ Health Techs and/or Aides | Coordinator, Administrator, Director | Health/ Social Science Specialist | Recreat- ional Therapist | Vocational Rehab Specialist | Secretary, Adminis- trative Assistant |
| PRRTP (general) | | | | | | | | | | | | | | | | |
| 2 | 528A5 Canandaigua, NY | 30 | 21.60 | 0.00 | 0.00 | 0.00 | 2.40 | 18.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 |
| 3 | 561A4 New Jersey HCS | 23 | 12.75 | 0.50 | 0.00 | 0.00 | 4.00 | 6.00 | 0.00 | 1.00 | 0.00 | 0.00 | 0.00 | 0.25 | 0.00 | 1.00 |
| 3 | 620 Hudson Valley HCS | 32 | 0.30 | 0.01 | 0.01 | 0.00 | 0.05 | 0.03 | 0.03 | 0.01 | 0.08 | 0.02 | 0.00 | 0.01 | 0.00 | 0.01 |
| 4 | 595 Lebanon, PA | 17 | 1.55 | 0.05 | 0.00 | 0.20 | 0.00 | 0.00 | 0.10 | 0.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.50 | 0.20 |
| 4 | 646 Pittsburgh HCS | 24 | 16.25 | 0.00 | 0.00 | 0.00 | 2.50 | 10.00 | 1.50 | 0.00 | 0.00 | 0.50 | 0.00 | 0.50 | 0.25 | 1.00 |
| 8 | 546 Miami, FL | 18 | 4.35 | 1.00 | 0.50 | 0.00 | 1.00 | 0.00 | 0.00 | 0.80 | 0.20 | 0.00 | 0.00 | 0.25 | 0.10 | 0.00 |
| 8 | 594 N. FL / S. GA HCS | 10 | 7.80 | 0.10 | 0.50 | 0.00 | 1.10 | 0.00 | 0.00 | 1.00 | 4.00 | 0.30 | 0.00 | 0.30 | 0.00 | 0.40 |
| 10 | 541 Cleveland, OH | 26 | 15.25 | 0.25 | 0.00 | 0.50 | 6.00 | 7.00 | 0.00 | 0.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 |
| 11 | 515 Battle Creek, MI† | 27 | 13.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 10.00 | 0.50 | 0.00 | 1.00 | 0.00 | 1.00 |
| 12 | 578 Hines, IL | 30 | 21.07 | 1.20 | 0.50 | 0.00 | 5.00 | 8.00 | 0.00 | 1.00 | 0.00 | 1.00 | 0.00 | 3.00 | 0.00 | 1.00 |
| 12 | 585 Iron Mountain, MI | 12 | 4.68 | 0.13 | 0.15 | 0.00 | 0.35 | 0.00 | 0.25 | 0.80 | 0.00 | 1.00 | 0.00 | 0.25 | 0.35 | 0.92 |
| 13 | 656 St. Cloud, MN | 25 | 12.45 | 0.05 | 0.45 | 0.00 | 4.00 | 5.00 | 0.00 | 0.60 | 0.00 | 1.20 | 0.00 | 0.10 | 0.05 | 1.00 |
| 15 | 589 Kansas City, MO† | 25 | 12.87 | 0.80 | 0.20 | 0.00 | 3.65 | 5.00 | 0.00 | 0.97 | 1.25 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 |
| 15 | 609 Marion, IL† | 8 | 13.13 | 1.08 | 0.08 | 0.31 | 4.40 | 5.00 | 0.35 | 0.67 | 0.00 | 0.00 | 0.32 | 0.25 | 0.00 | 0.67 |
| 15 | 677A4 Eastern Kansas HCS | 25 | 8.35 | 0.10 | 0.25 | 0.10 | 1.00 | 5.40 | 0.00 | 0.25 | 0.25 | 0.05 | 0.00 | 0.40 | 0.10 | 0.20 |
| 16 | 580 Houston, TX | 12 | 10.33 | 0.50 | 0.50 | 0.50 | 1.00 | 5.50 | 0.00 | 0.50 | 0.50 | 0.33 | 0.00 | 0.25 | 0.25 | 0.50 |
| 16 | 586 Jackson, MS | 6 | 0.37 | 0.01 | 0.00 | 0.00 | 0.04 | 0.03 | 0.00 | 0.06 | 0.07 | 0.02 | 0.00 | 0.07 | 0.01 | 0.05 |
| 18 | 501 New Mexico HCS | 12 | 8.50 | 0.50 | 0.00 | 0.20 | 1.00 | 0.00 | 0.00 | 1.00 | 4.00 | 1.00 | 0.00 | 0.20 | 0.20 | 0.20 |
| 18 | 501 New Mexico HCS | 10 | 7.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2.00 | 1.00 | 2.00 | 1.00 | 0.00 | 0.00 | 0.00 | 1.00 |
| 19 | 666 Sheridan, WY | 17 | 7.20 | 0.25 | 2.00 | 0.10 | 0.50 | 0.00 | 0.50 | 1.00 | 1.00 | 0.25 | 0.00 | 0.50 | 0.00 | 0.50 |
| 20 | 463 Alaska HCS | 24 | 2.30 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.30 |
| 20 | 663A4 Puget Sound HCS | 6 | 5.55 | 0.10 | 0.05 | 0.25 | 1.00 | 3.50 | 0.10 | 0.20 | 0.00 | 0.10 | 0.00 | 0.05 | 0.00 | 0.10 |
| 20 | 687 Walla Walla, WA | 6 | 0.20 | 0.05 | 0.00 | 0.00 | 0.09 | 0.03 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.01 | 0.00 | 0.01 |
| 21 | 640PA Palo Alto HCS | 24 | 4.20 | 0.20 | 0.00 | 0.00 | 1.00 | 3.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 21 | 640PA Palo Alto HCS | 2 | 0.65 | 0.05 | 0.00 | 0.00 | 0.50 | 0.05 | 0.00 | 0.05 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Nat'l Gen PRRTP Total | | 451 | 212.20 | 6.93 | 5.19 | 2.16 | 41.58 | 81.74 | 5.83 | 12.91 | 23.35 | 7.28 | 0.32 | 7.39 | 1.81 | 13.06 |
| General PRRTP Average | | 18.0 | 8.49 | 0.28 | 0.21 | 0.09 | 1.66 | 3.27 | 0.23 | 0.52 | 0.93 | 0.29 | 0.01 | 0.30 | 0.07 | 0.52 |
| General PRRTP SD | | 8.8 | 6.17 | 0.36 | 0.41 | 0.15 | 1.76 | 4.33 | 0.50 | 0.41 | 2.16 | 0.40 | 0.06 | 0.60 | 0.13 | 0.42 |

Table 14c. PRRP Operational Beds, Total FTEE and FTEE by Discipline for FY00.

| VISN | Site | Number of Operational Beds FY00 | Total FTEE | FTEE by Discipline | | | | | | | | | | | | | |
|---------------------|-----------------------|---------------------------------------|---------------|----------------------------|-------------------|------------------------|---|---------------------------------|---|------------------|---|--|--|--------------------------------|-----------------------------------|--|-------|
| | | | | Physician/ Psychiatrist | Psycho- logist | Physician Assistant | Nurse Specialist, Nurse Pract., RN's | LPN, LVN, Nurse's Aide | Addiction Therapist, Counselor (non-MSW) | Social Worker | Psych/Social Work/Rehab/ Health Techs and/or Aides | Coordinator, Administrator, Director | Health/ Social Science Specialist | Recreat- ional Therapist | Vocational Rehab Specialist | Secretary, Adminis- trative Assistant | Other |
| PRRP | | | | | | | | | | | | | | | | | |
| 1 | 689 Connecticut HCS | 12 | 5.13 | 0.50 | 0.00 | 0.00 | 0.10 | 0.00 | 0.00 | 2.03 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.50 |
| 2 | 528A4 Western NY HCS | 16 | 13.00 | 1.00 | 1.30 | 0.00 | 0.50 | 5.20 | 1.00 | 1.00 | 0.00 | 1.00 | 1.00 | 0.00 | 0.00 | 1.00 | 0.00 |
| 3 | 561A4 New Jersey HCS | 19 | 11.50 | 0.50 | 1.60 | 0.00 | 2.00 | 0.00 | 0.00 | 2.00 | 2.00 | 0.40 | 0.00 | 1.00 | 0.00 | 1.00 | 1.00 |
| 3 | 620 Hudson Valley HCS | 21 | 14.85 | 0.35 | 2.00 | 2.00 | 1.00 | 0.00 | 0.00 | 2.00 | 5.00 | 1.00 | 0.00 | 0.50 | 0.00 | 1.00 | 0.00 |
| 4 | 540 Clarksburg, WV | 10 | 8.67 | 0.20 | 0.40 | 0.00 | 1.95 | 2.00 | 1.00 | 0.60 | 0.00 | 0.40 | 0.75 | 0.12 | 0.00 | 0.75 | 0.50 |
| 4 | 542 Coatesville, PA | 39 | 18.30 | 0.10 | 3.00 | 0.75 | 5.00 | 0.00 | 0.00 | 1.00 | 6.00 | 1.00 | 0.00 | 0.25 | 0.00 | 1.00 | 0.20 |
| 8 | 516 Bay Pines, FL | 14 | 15.60 | 2.00 | 1.50 | 0.10 | 6.00 | 0.00 | 0.00 | 1.00 | 0.00 | 1.00 | 1.00 | 0.50 | 0.00 | 2.50 | 0.00 |
| 8 | 546 Miami, FL | 10 | 5.65 | 0.63 | 0.75 | 0.00 | 2.00 | 0.00 | 0.00 | 0.88 | 0.25 | 0.13 | 0.00 | 0.13 | 0.00 | 0.75 | 0.13 |
| 10 | 539 Cincinnati, OH | 12 | 4.50 | 0.20 | 0.60 | 0.00 | 1.00 | 0.80 | 0.00 | 0.75 | 0.00 | 0.15 | 0.00 | 0.50 | 0.00 | 0.50 | 0.00 |
| 11 | 515 Battle Creek, MI | 30 | 15.40 | 0.50 | 1.50 | 1.00 | 5.00 | 5.00 | 0.00 | 0.95 | 0.00 | 0.00 | 0.00 | 0.25 | 0.00 | 1.00 | 0.20 |
| 12 | 556 North Chicago, IL | 26 | 15.45 | 0.90 | 2.70 | 0.00 | 1.20 | 0.00 | 0.00 | 1.00 | 7.85 | 0.70 | 0.00 | 0.10 | 0.00 | 1.00 | 0.00 |
| 12 | 676 Tomah, WI | 13 | 9.51 | 0.12 | 0.12 | 0.00 | 0.25 | 4.50 | 1.80 | 1.12 | 0.00 | 0.50 | 0.00 | 0.10 | 0.00 | 1.00 | 0.00 |
| 16 | 598 Central AK HCS | 28 | 12.46 | 0.25 | 0.50 | 0.00 | 1.00 | 0.00 | 0.00 | 1.00 | 0.00 | 0.25 | 0.25 | 1.00 | 0.00 | 1.00 | 7.21 |
| 16 | 629 New Orleans, LA | 10 | 5.43 | 0.23 | 0.40 | 0.10 | 1.00 | 0.50 | 1.00 | 0.60 | 0.00 | 0.00 | 0.50 | 0.10 | 0.00 | 1.00 | 0.00 |
| 20 | 663 Puget Sound HCS | 20 | 10.01 | 0.10 | 0.25 | 1.00 | 0.90 | 2.25 | 0.20 | 1.35 | 0.45 | 0.32 | 1.87 | 0.32 | 0.00 | 1.00 | 0.00 |
| 21 | 459 Hilo, HI | 16 | 16.60 | 1.00 | 0.50 | 0.00 | 1.70 | 5.40 | 0.00 | 2.00 | 3.00 | 1.00 | 0.00 | 0.00 | 0.00 | 2.00 | 0.00 |
| 21 | 640PA Palo Alto HCS | 40 | 23.40 | 0.50 | 1.00 | 0.00 | 9.50 | 8.00 | 0.00 | 1.75 | 0.00 | 0.85 | 0.00 | 0.95 | 0.00 | 0.85 | 0.00 |
| 21 | 640PA Palo Alto HCS | 10 | 7.20 | 0.50 | 0.00 | 0.00 | 1.50 | 3.00 | 0.00 | 1.85 | 0.00 | 0.15 | 0.00 | 0.05 | 0.00 | 0.15 | 0.00 |
| National PRRP Total | | 346 | 212.66 | 9.58 | 18.12 | 4.95 | 41.60 | 36.65 | 5.00 | 22.88 | 26.55 | 8.85 | 5.37 | 5.87 | 0.00 | 17.50 | 9.74 |
| PRRP Average | | 19.2 | 11.81 | 0.53 | 1.01 | 0.28 | 2.31 | 2.04 | 0.28 | 1.27 | 1.48 | 0.49 | 0.30 | 0.33 | | 0.97 | 0.54 |

Table 14d. SA CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY00.

| VISN | Site | Number of Operational Beds FY00 | Total FTEE | FTEE by Discipline | | | | | | | | | | | | | |
|--------------------------|-----------------------|---------------------------------------|---------------|----------------------------|-------------------|------------------------|---|---------------------------------|---|------------------|---|--|--|--------------------------------|-----------------------------------|--|-------|
| | | | | Physician/ Psychiatrist | Psycho- logist | Physician Assistant | Nurse Specialist, Nurse Pract., RN's | LPN, LVN, Nurse's Aide | Addiction Therapist, Counselor (non-MSW) | Social Worker | Psych/Social Work/Rehab/ Health Techs and/or Aides | Coordinator, Administrator, Director | Health/ Social Science Specialist | Recreat- ional Therapist | Vocational Rehab Specialist | Secretary, Adminis- trative Assistant | Other |
| SA CWT/TR | | | | | | | | | | | | | | | | | |
| 1 | 523 Boston, MA | 20 | 3.50 | 0.00 | 0.60 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2.00 | 0.00 | 0.00 | 0.00 | 0.50 | 0.00 | 0.40 |
| 1 | 631 Northampton, MA | 16 | 1.65 | 0.05 | 0.25 | 0.10 | 0.60 | 0.00 | 0.35 | 0.25 | 0.00 | 0.00 | 0.00 | 0.00 | 0.05 | 0.00 | 0.00 |
| 4 | 656A5 Pittsburgh HCS | 12 | 2.05 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.40 | 0.00 | 0.00 | 0.40 | 0.25 | 0.00 |
| 6 | 590 Hampton, VA | 21 | 3.30 | 0.10 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 | 1.00 | 0.00 | 1.00 | 0.00 | 0.20 | 0.00 | 0.00 |
| 10 | 541 Cleveland, OH | 25 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2.00 | 0.00 | 2.00 | 0.00 | | 0.00 | 0.00 |
| 11 | 515 Battle Creek, MI | 9 | 1.70 | 0.25 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.50 | 0.00 | 0.25 | 0.00 | 0.00 | 0.20 | 0.25 | 0.25 |
| 12 | 556 North Chicago, IL | 20 | 3.00 | 0.00 | 0.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.50 | 0.00 | 0.00 | | 1.00 | 1.00 |
| 13 | 568 Black Hills HCS | 10 | 2.00 | 0.12 | 0.15 | 0.12 | 0.12 | 0.00 | 0.12 | 0.12 | 0.00 | 0.25 | 0.00 | 0.00 | | 0.00 | 1.00 |
| 15 | 589 Kansas City, MO | 30 | 2.65 | 0.00 | 0.00 | 0.15 | 0.00 | 0.00 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.50 | 0.00 | 0.00 |
| 16 | 598 Central AK HCS | 25 | 3.43 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 | 0.00 | 1.00 | 0.00 | 0.00 | 1.00 | 0.00 | 0.43 |
| 20 | 663A4 Puget Sound HCS | 24 | 4.25 | 0.00 | 0.00 | 0.00 | 0.25 | 0.00 | 0.00 | 0.00 | 2.00 | 0.75 | 0.00 | 0.00 | 1.25 | 0.00 | 0.00 |
| 21 | 640PA Palo Alto HCS | 10 | 2.50 | 0.00 | 0.75 | 0.00 | 0.00 | 0.00 | 0.25 | 0.00 | 0.00 | 1.00 | 0.00 | 0.00 | 0.50 | 0.00 | 0.00 |
| National SA CWT/TR Total | | 222 | 34.03 | 0.52 | 2.25 | 0.37 | 0.97 | 0.00 | 3.72 | 0.87 | 8.00 | 4.15 | 3.00 | 0.00 | 5.60 | 1.50 | 3.08 |
| SA CWT/TR Average | | 18.5 | 2.84 | 0.04 | 0.19 | 0.03 | 0.08 | | 0.31 | 0.07 | 0.67 | 0.35 | 0.25 | | 0.62 | 0.13 | 0.26 |
| SA CWT/TR SD | | 6.7 | 0.84 | 0.07 | 0.26 | 0.05 | 0.17 | | 0.41 | 0.15 | 0.85 | 0.37 | 0.60 | | 0.48 | 0.28 | 0.37 |

Table 14e. HCMI CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY00.

| | | | Number of Operational Beds FY00 | Total FTEE | FTEE by Discipline | | | | | | | | | | | | |
|----------------------------|-------|-------------------|---------------------------------------|---------------|----------------------------|-------------------|------------------------|---|---------------------------------|---|------------------|---|--|--|--------------------------------|-----------------------------------|--|
| | | | | | Physician/ Psychiatrist | Psycho- logist | Physician Assistant | Nurse Specialist, Nurse Pract., RN's | LPN, LVN, Nurse's Aide | Addiction Therapist, Counselor (non-MSW) | Social Worker | Psych/Social Work/Rehab/ Health Techs and/or Aides | Coordinator, Administrator, Director | Health/ Social Science Specialist | Recreat- ional Therapist | Vocational Rehab Specialist | Secretary, Adminis- trative Assistant |
| VISN | Site | | | | | | | | | | | | | | | | |
| HCMI CWT/TR | | | | | | | | | | | | | | | | | |
| 1 | 518 | Bedford, MA | 42 | 5.50 | 0.05 | 0.40 | 0.00 | 0.05 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 | 0.00 | 4.00 | 0.00 |
| 2 | 500 | Albany, NY | 14 | 1.72 | 0.02 | 0.00 | 0.00 | 0.05 | 0.00 | 0.20 | 1.00 | 0.00 | 0.20 | 0.00 | 0.00 | 0.20 | 0.05 |
| 3 | 561A4 | New Jersey HCS | 12 | 2.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 | 0.00 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | 595 | Lebanon, PA | 20 | 1.55 | 0.05 | 0.00 | 0.20 | 0.00 | 0.00 | 0.10 | 0.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.50 | 0.20 |
| 7 | 508 | Atlanta, GA | 12 | 2.65 | 0.10 | 0.20 | 0.00 | 0.25 | 0.00 | 0.20 | 1.00 | 0.00 | 0.50 | 0.00 | 0.00 | 0.20 | 0.20 |
| 16 | 635 | Oklahoma City, OK | 20 | 2.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 | 0.50 | 0.00 | 0.00 | 0.75 | 0.25 |
| 17 | 549 | North Texas HCS | 20 | 2.98 | 0.05 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 1.00 | 0.25 | 0.00 | 0.00 | 0.25 | 0.10 |
| 21 | 662 | San Francisco, CA | 11 | 1.53 | 0.05 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 | 0.25 | 0.00 | 0.00 | 0.05 | 0.18 |
| National HCMI CWT/TR Total | | | 151 | 20.43 | 0.32 | 0.60 | 0.20 | 1.35 | 0.00 | 0.50 | 6.50 | 1.00 | 2.70 | 0.00 | 0.00 | 5.95 | 0.98 |
| HCMI CWT/TR Average | | | 19 | 2.55 | 0.04 | 0.08 | 0.03 | 0.17 | | 0.06 | 0.81 | 0.13 | 0.34 | 0.00 | | 0.74 | 0.12 |
| HCMI CWT/TR SD | | | 9.5 | 1.22 | 0.03 | 0.14 | 0.07 | 0.32 | | 0.09 | 0.35 | 0.33 | 0.31 | 0.00 | | 1.25 | 0.09 |

Table 14f. PTSD and General CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY00.

| | | | FTEE by Discipline | | | | | | | | | | | | | | |
|-------------------------------|----------------|---------------------------------|--------------------|-------------------------|----------------|---------------------|--------------------------------------|------------------------|--|---------------|--|--------------------------------------|-----------------------------------|--------------------------|-----------------------------|---------------------------------------|-------|
| VISN | Site | Number of Operational Beds FY00 | Total FTEE | Physician/ Psychiatrist | Psycho- logist | Physician Assistant | Nurse Specialist, Nurse Pract., RN's | LPN, LVN, Nurse's Aide | Addiction Therapist, Counselor (non-MSW) | Social Worker | Psych/Social Work/Rehab/ Health Techs and/or Aides | Coordinator, Administrator, Director | Health/ Social Science Specialist | Recreat- ional Therapist | Vocational Rehab Specialist | Secretary, Adminis- trative Assistant | Other |
| | | | | | | | | | | | | | | | | | |
| PTSD CWT/TR | | | | | | | | | | | | | | | | | |
| 1 | 523 Boston HCS | 7 | 1.50 | 0.00 | 0.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| General CWT/TR | | | | | | | | | | | | | | | | | |
| 12 | 676 Tomah, WI | 10 | 2.00 | 0.10 | 0.00 | 0.00 | 0.10 | 0.10 | 0.00 | 0.60 | 0.00 | 0.50 | 0.20 | 0.00 | 0.30 | 0.10 | 0.00 |
| National PTSD CWT/TR Total | | 20 | 1.50 | 0.00 | 0.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| National General CWT/TR Total | | 10 | 2.00 | 0.10 | 0.00 | 0.00 | 0.10 | 0.10 | 0.00 | 0.60 | 0.00 | 0.50 | 0.20 | 0.00 | 0.30 | 0.10 | 0.00 |

Table 15a. Top Three Most Frequently Seen Diagnostic Groups in SARRTP's for FY00.†

| VISN | SITE | Substance Abuse Disorder | Severe Mental Illness (not specific) | Dual Diagnosis | All Psychiatric Conditions | PTSD | Medical Co-morbidities | Other |
|---------------|-----------------------------|--------------------------|--------------------------------------|----------------|----------------------------|------|------------------------|-------|
| SARRTP | | | | | | | | |
| 1 | 523 Boston, MA | 1 | | 3 | | 2 | | |
| 1 | 523A5 Brockton, MA | 1 | | 2 | | 3 | | |
| 2 | 500 Albany, NY | 1 | | 2 | | 3 | | |
| 2 | 528 Western New York HCS | 1 | | | 2 | | 3 | |
| 3 | 561 New Jersey HCS | 1 | | | 2 | | 3 | |
| 3 | 620 Hudson Valley HCS | 1 | | | 2 | | | |
| 3 | 632 Northport, NY | 1 | | 2 | | | 3 | |
| 4 | 540 Clarksburg, WV | 1 | | 3 | | | 2 | |
| 4 | 542 Coatesville, PA | | | 1 | 2 | 3 | | |
| 4 | 542 Coatesville, PA | 1 | | 2 | | | 3 | |
| 4 | 595 Lebanon, PA | 1 | | 2 | | 3 | | |
| 4 | 693 Wilkes Barre, PA | 1 | | 3 | | | 2 | |
| 5 | 512A4 Maryland HCS | 1 | | 3 | | 2 | | |
| 6 | 637 Asheville, NC | 1 | | 3 | | | 2 | |
| 6 | 658 Salem, VA | 1 | | 2 | | | 3 | |
| 6 | 659 Salisbury, NC | 1 | | 2 | | | 3 | |
| 8 | 516 Bay Pines, FL | 1 | | 2 | | 3 | | |
| 8 | 546 Miami, FL | 2 | | 1 | 3 | | | |
| 8 | 573 N.Florida/S.Georgia HCS | 1 | | 2 | | | 3 | |
| 9 | 614 Memphis, TN | 1 | | 2 | | 3 | | |
| 10 | 539 Cincinnati, OH | 1 | | 2 | | | 3 | |
| 11 | 515 Battle Creek, MI | 1 | | 3 | | 2 | | |
| 12 | 537 Chicago HCS | 1 | | 2 | | | 3 | |
| 12 | 578 Hines, IL | 1 | | 2 | | | 3 | |
| 12 | 578 Hines, IL | | 2 | 1 | 2 | | | |
| 12 | 676 Tomah, WI | 1 | | 2 | | 3 | | |
| 14 | 636A4 Nebraska-W.Iowa HCS | 1 | | 2 | 3 | | | |
| 16 | 520 Gulf Coast HCS | 1 | | 2 | | 3 | | |
| 16 | 586 Jackson, MS | 1 | | 2 | | | 3 | |
| 17 | 549 North Texas HCS | 1 | | 2 | | 3 | | |
| 18 | 678 Southern Arizona HCS | 2 | | 1 | | 3 | | |
| 20 | 531 Boise, ID | 1 | | 2 | | | 3 | |
| 20 | 653 Roseburg HCS | 1 | | 2 | | 3 | | |
| 20 | 663A4 Puget Sound HCS | 1 | | 2 | | | | |
| 20 | 687 Walla Walla, WA | 1 | | 2 | | 3 | | |
| 21 | 640PA Palo Alto HCS | 1 | | 2 | | 3 | | |
| 21 | 570 Central CA HCS | 1 | | 2 | | 3 | | |
| 22 | 600 Long Beach, CA | 1 | | 2 | | 3 | | |

† A "1" designates the group receiving the most emphasis.

†† Madison (VISN 12) does not appear in this table since they did not submit an Annual Narrative for FY00.

Table 15b. Top Three Most Frequently Seen Diagnostic Groups in General PR RTP's for FY00.†

| VISN | SITE | Substance Abuse Disorder | Severe Mental Illness (not specific) | Dual Diagnosis | All Psychiatric Conditions | PTSD | Medical Co-morbidities | Other |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|----------------|----------------------------|------|------------------------|-------|
| General PR RTP | | | | | | | | |
| 2 | 528A5 Canandaigua, NY | 2 | 3 | 1 | | | | |
| 3 | 561A4 New Jersey HCS | | 1 | 2 | 3 | | | |
| 3 | 620 Hudson Valley HCS | | | 1 | 2 | 3 | | |
| 3 | 595 Lebanon, PA | 1 | | 2 | | 3 | | |
| 4 | 646 Pittsburgh HCS | | 2 | 3 | 1 | | | |
| 8 | 546 Miami, FL | | 1 | 3 | 2 | | | |
| 8 | 594 N.Florida/S.Georgia HCS | | | 1 | | | | |
| 10 | 541 Cleveland, OH | | 1 | 2 | 3 | | | |
| 11 | 515 Battle Creek, MI | | | | 1 | | | |
| 12 | 578 Hines, IL | | 1 | | 3 | 2 | | |
| 12 | 585 Iron Mountain, MI | 1 | | 2 | | 3 | | |
| 13 | 656 St. Cloud, MN | | 2 | 1 | | 3 | | |
| 15 | 589 Kansas City, MO | | 1 | 2 | 3 | | | |
| 15 | 609 Marion, IL | 2 | 1 | | 3 | | | |
| 15 | 677A4 Eastern Kansas HCS | 3 | 1 | 2 | | | | |
| 16 | 580 Houston, TX | | 1 | 2 | | | 3 | |
| 16 | 586 Jackson, MS | | | 2 | 3 | 1 | | |
| 18 | 501 New Mexico HCS | 1 | | 2 | | | 3 | |
| 18 | 501 New Mexico HCS | 1 | | 3 | | 2 | | |
| 19 | 666 Sheridan, WY | | 2 | | 3 | 1 | | |
| 20 | 463 Alaska HCS | 1 | | | | | | |
| 20 | 663A4 Puget Sound HCS | | 1 | 2 | | | | |
| 20 | 687 Walla Walla, WA | | 1 | 2 | | 3 | | |
| 21 | 640PA Palo Alto HCS | | | 1 | 2 | 3 | | |
| 21 | 640PA Palo Alto HCS | | | | | | | 1 |

† A "1" designates the group receiving the most emphasis.

Table 15c. Top Three Most Frequently Seen Diagnostic Groups in PRRP's for FY00.†

| VISN | SITE | Substance Abuse Disorder | Severe Mental Illness (not specific) | Dual Diagnosis | All Psychiatric Conditions | PTSD | Medical Co-morbidities | Other |
|-------------|----------------------|--------------------------|--------------------------------------|----------------|----------------------------|------|------------------------|-------|
| PRRP | | | | | | | | |
| 1 689 | Connecticut HCS | 3 | | 2 | | 1 | | |
| 2 528A4 | Western New York HCS | 3 | | 2 | | 1 | | |
| 3 561A4 | New Jersey HCS | 2 | | 2 | | 1 | | |
| 3 620 | Hudson Valley HCS | 2 | | | | 1 | 3 | |
| 4 540 | Clarksburg, WV | 3 | | | | 1 | 2 | |
| 4 542 | Coatesville, PA | | | 2 | | 1 | 3 | |
| 8 516 | Bay Pines, FL | 3 | | 2 | | 1 | | |
| 8 546 | Miami, FL | | | 2 | | 1 | 3 | |
| 10 539 | Cincinnati, OH | | | 2 | | 1 | 3 | |
| 11 515 | Battle Creek, MI | 2 | | 3 | | 1 | | |
| 12 556 | North Chicago, IL | | | | | 1 | | |
| 12 676 | Tomah, WI | 2 | | 3 | | 1 | | |
| 16 598 | Central Arkansas HCS | | | | | 1 | | |
| 16 629 | New Orleans, LA | 2 | 3 | | | 1 | | |
| 20 663 | Puget Sound HCS | 2 | | | 3 | 1 | | |
| 21 459 | Hilo, HI †, †† | | | 1 | | 2 | 3 | |
| 21 640PA | Palo Alto HCS | 3 | | 2 | | 1 | | |
| 21 640PA | Palo Alto HCS | | | | 3 | 1 | | 2 |

† A "1" designates the group receiving the most emphasis.

†† The PRRP program for Honolulu is located in Hilo.

Table 15d. Top Three Most Frequently Seen Diagnostic Groups in SA CWT/TR's for FY00.†

| VISN | SITE | Substance Abuse Disorder | Severe Mental Illness (not specific) | Dual Diagnosis | All Psychiatric Conditions | PTSD | Medical Co-morbidities | Other |
|------------------|-----------------------------|--------------------------|--------------------------------------|----------------|----------------------------|------|------------------------|-------|
| SA CWT/TR | | | | | | | | |
| 1 523 | Boston, MA | 1 | | 2 | | 3 | | |
| 1 631 | Northampton, MA | 1 | | 1 | | | 1 | |
| 4 656A5 | Pittsburgh HCS | 1 | | 2 | | 3 | | |
| 6 590 | Hampton, VA | 1 | | 2 | 3 | | | |
| 10 541 | Cleveland, OH | 1 | | 2 | 3 | | | |
| 11 515 | Battle Creek, MI | 1 | | 2 | | 3 | | |
| 12 556 | North Chicago, IL | 1 | | | | | | 2 |
| 13 568 | Black Hills HCS | 2 | | 1 | | | 3 | 2 |
| 15 589 | Kansas City, MO | 1 | | 2 | | | 3 | |
| 16 598 | Central Arkansas HCS | 1 | | 2 | | 3 | | |
| 20 663A4 | Puget Sound HCS | 1 | | 2 | | | 3 | |
| 21 640PA | Palo Alto HCS | 1 | | 2 | 3 | | | |

† A "1" designates the group receiving the most emphasis.

Table 15e. Top Three Most Frequently Seen Diagnostic Groups in HCMI CWT/TRs for FY00.†

| VISN | SITE | Substance Abuse Disorder | Severe Mental Illness (not specific) | Dual Diagnosis | All Psychiatric Conditions | PTSD | Medical Co-morbidities | Other |
|--------------------|-------------------|--------------------------|--------------------------------------|----------------|----------------------------|------|------------------------|-------|
| HCMI CWT/TR | | | | | | | | |
| 1 518 | Bedford, MA | 1 | | 2 | | | 3 | |
| 2 500 | Albany, NY | 2 | | 1 | | | | |
| 3 561A4 | New Jersey HCS | 1 | | 3 | | 2 | | |
| 4 595 | Lebanon, PA | 1 | | 2 | | 3 | | |
| 7 508 | Atlanta, GA | 1 | | 2 | | 3 | | |
| 16 635 | Oklahoma City, OK | 1 | | 3 | 2 | | | |
| 17 549 | North Texas HCS | 1 | 3 | 2 | | | | |
| 21 662 | San Francisco, CA | 1 | 3 | 2 | | | | |

† A "1" designates the group receiving the most emphasis.

Table 15f. Top Three Most Frequently Seen Diagnostic Groups in PTSD an General CWT/TRs for FY00.†

| VISN | SITE | Substance Abuse Disorder | Severe Mental Illness (not specific) | Dual Diagnosis | All Psychiatric Conditions | PTSD | Medical Co-morbidities | Other |
|-----------------------|------------|--------------------------|--------------------------------------|----------------|----------------------------|------|------------------------|-------|
| PTSD CWT/TR | | | | | | | | |
| 1 523 | Boston, MA | 2 | | | 3 | 1 | | |
| General CWT/TR | | | | | | | | |
| 12 676 | Tomah, WI | 1 | | 2 | | 3 | | |

† A "1" designates the group receiving the most emphasis.

Table 16a. Top Three Most Frequently Seen Special Patient Populations in SARRTP's for FY00.†

| VISN | SITE | Homeless | Women | Elderly | AIDS/HIV | Other (specify) |
|---------------|--------------------------------|----------|-------|---------|----------|-----------------|
| SARRTP | | | | | | |
| 1 523 | Boston, MA | 1 | | | 2 | |
| 1 523A5 | Brockton, MA | 1 | | 2 | | |
| 2 500 | Albany, NY | 1 | | 3 | 2 | |
| 2 528 | Western New York HCS | 1 | 2 | | | |
| 3 561 | New Jersey HCS | 1 | | 3 | 2 | |
| 3 620 | Hudson Valley HCS | 1 | | | 2 | |
| 3 632 | Northport, NY | 1 | 2 | | 3 | |
| 4 540 | Clarksburg, WV | 1 | 3 | 2 | | |
| 4 542 | Coatesville, PA | 1 | 2 | | 3 | |
| 4 542 | Coatesville, PA | 1 | 2 | | 3 | |
| 4 595 | Lebanon, PA | 1 | 3 | | 2 | |
| 4 693 | Wilkes Barre, PA | 1 | | 2 | 3 | |
| 5 512A4 | Maryland HCS | 3 | | 2 | | |
| 6 637 | Asheville, NC | 1 | | 2 | 3 | |
| 6 658 | Salem, VA | 1 | 3 | 2 | | |
| 6 659 | Salisbury, NC | 1 | 3 | | 2 | |
| 8 516 | Bay Pines, FL | 1 | 3 | 2 | | |
| 8 546 | Miami, FL | 1 | 3 | 2 | 3 | |
| 8 573 | N.Florida/S.Georgia HCS | 1 | 3 | | 2 | |
| 9 614 | Memphis, TN | 1 | 2 | 3 | | |
| 10 539 | Cincinnati, OH | 1 | | | | |
| 11 515 | Battle Creek, MI | 1 | 2 | 3 | | |
| 12 537 | Chicago HCS | 1 | | 3 | 2 | |
| 12 578 | Hines, IL | 1 | | 2 | 3 | |
| 12 578 | Hines, IL | 1 | | 2 | 3 | |
| 12 676 | Tomah, WI | 1 | 3 | | | 2 |
| 14 636A4 | Nebraska-W.Iowa HCS | 2 | 3 | 1 | | |
| 16 520 | Gulf Coast HCS | 1 | 3 | | 2 | |
| 16 586 | Jackson, MS | 1 | | 2 | 3 | |
| 17 549 | North Texas HCS | 1 | 3 | 2 | | |
| 18 678 | Southern Arizona HCS | 1 | | 2 | | |
| 20 531 | Boise, ID | 1 | | 2 | | 3 |
| 20 653 | Roseburg HCS | 1 | 2 | 3 | | |
| 20 663A4 | Puget Sound HCS | 1 | 2 | 3 | | |
| 20 687 | Walla Walla, WA | 1 | 3 | | | 2 |
| 21 640PA | Palo Alto HCS | 1 | | | 2 | |
| 21 570 | Central CA HCS | 1 | | | | 2 |
| 22 600 | Long Beach, CA | 1 | 3 | | 2 | |

† A "1" designates the group receiving the most emphasis.

†† Madison (VISN 12) does not appear in this table since they did not submit an Annual Narrative for FY00.

Table 16b. Top Three Most Frequently Seen Special Patient Populations in General PR RTP's for FY00.†

| VISN | SITE | Homeless | Women | Elderly | AIDS/HIV | Other (specify) |
|-----------------------|-----------------------------|----------|-------|---------|----------|-----------------|
| General PR RTP | | | | | | |
| 2 | 528A5 Canandaigua, NY | 1 | 2 | | | |
| 3 | 561A4 New Jersey HCS | 1 | | | | |
| 3 | 620 Hudson Valley HCS | 1 | 2 | | 2 | |
| 4 | 595 Lebanon, PA | 1 | 2 | | 3 | |
| 4 | 646 Pittsburgh HCS | 3 | | 2 | | 1 |
| 8 | 546 Miami, FL | 1 | 3 | 2 | | |
| 8 | 594 N.Florida/S.Georgia HCS | 1 | 2 | 3 | | |
| 10 | 541 Cleveland, OH | 1 | 2 | 3 | | |
| 11 | 515 Battle Creek, MI | | | 1 | | |
| 12 | 578 Hines, IL | 1 | 2 | | 3 | |
| 12 | 585 Iron Mountain, MI | 1 | 2 | 3 | | |
| 13 | 656 St. Cloud, MN | 1 | | | | |
| 15 | 589 Kansas City, MO | 1 | 3 | 2 | | |
| 15 | 609 Marion, IL | 1 | 3 | 2 | | |
| 15 | 677A4 Eastern Kansas HCS | 1 | 3 | 2 | | |
| 16 | 580 Houston, TX | 1 | 2 | | | 3 |
| 16 | 586 Jackson, MS | 1 | 2 | | | |
| 18 | 501 New Mexico HCS | 1 | | 3 | | 2 |
| 18 | 501 New Mexico HCS | 1 | 3 | | | 2 |
| 19 | 666 Sheridan, WY | 2 | | | | 1 |
| 20 | 463 Alaska HCS | 1 | 3 | 2 | | |
| 20 | 663A4 Puget Sound HCS | | | | | |
| 20 | 687 Walla Walla, WA | 1 | 2 | 3 | | |
| 21 | 640PA Palo Alto HCS | 1 | 3 | | | 2 |
| 21 | 640PA Palo Alto HCS | | | | | 1 |

† A "1" designates the group receiving the most emphasis.

Table 16c. Top Three Most Frequently Seen Special Patient Populations in PRRP's for FY00.†

| VISN | SITE | Homeless | Women | Elderly | AIDS/HIV | Other (specify) |
|-------------|----------------------------|-----------------|--------------|----------------|-----------------|----------------------------|
| PRRP | | | | | | |
| 1 | 689 Connecticut HCS | 1 | | | 3 | 2 |
| 2 | 528A4 Western New York HCS | | | | | |
| 3 | 561A4 New Jersey HCS | 2 | 3 | | | 1 |
| 3 | 620 Hudson Valley HCS | 1 | | 3 | 2 | |
| 4 | 540 Clarksburg, WV | 2 | | 1 | | |
| 4 | 542 Coatesville, PA | 1 | 2 | | | |
| 8 | 516 Bay Pines, FL | 1 | 2 | | 3 | |
| 8 | 546 Miami, FL | 1 | 3 | | 2 | |
| 10 | 539 Cincinnati, OH | 1 | | 2 | | |
| 11 | 515 Battle Creek, MI | 1 | 2 | | | |
| 12 | 556 North Chicago, IL | 1 | | | | |
| 12 | 676 Tomah, WI | 1 | | | | 2 |
| 16 | 598 Central Arkansas HCS | 1 | 2 | | | |
| 16 | 629 New Orleans, LA | 1 | | 2 | | |
| 20 | 663 Puget Sound HCS | 1 | | | | |
| 21 | 459 Hilo, HI †, ††† | 1 | 3 | | | 2 |
| 21 | 640PA Palo Alto HCS | 2 | | | | 1 |
| 21 | 640PA Palo Alto HCS | | 1 | | | 2 |

† A "1" designates the group receiving the most emphasis.

Table 16d. Top Three Most Frequently Seen Special Patient Populations in SA CWT/TR's for FY00.†

| VISN | SITE | Homeless | Women | Elderly | AIDS/HIV | Other (specify) |
|------------------|-----------------------------|-----------------|--------------|----------------|-----------------|----------------------------|
| SA CWT/TR | | | | | | |
| 1 523 | Boston, MA | 1 | | 3 | 2 | |
| 1 631 | Northampton, MA | 1 | 3 | | | 2 |
| 4 656A5 | Pittsburgh HCS | 1 | | | 2 | |
| 6 590 | Hampton, VA | 1 | 2 | | 3 | |
| 10 541 | Cleveland, OH | 1 | 2 | | | |
| 11 515 | Battle Creek, MI | 1 | | | 2 | |
| 12 556 | North Chicago, IL | 2 | | | | 1 |
| 13 568 | Black Hills HCS | 2 | | 3 | | 1 |
| 15 589 | Kansas City, MO | 1 | 3 | | 2 | |
| 16 598 | Central Arkansas HCS | 1 | | | | |
| 20 663A4 | Puget Sound HCS | 1 | | | 3 | 2 |
| 21 640PA | Palo Alto HCS | 1 | 3 | | 2 | |

† A "1" designates the group receiving the most.

Table 16e. Top Three Most Frequently Seen Special Patient Populations in HCMI CWT/TR's for FY00.†

| VISN | SITE | Homeless | Women | Elderly | AIDS/HIV | Other (specify) |
|--------------------|-------------------|----------|-------|---------|----------|-----------------|
| HCMI CWT/TR | | | | | | |
| 1 518 | Bedford, MA | 1 | 3 | | 2 | |
| 2 500 | Albany, NY | 1 | | | | |
| 3 561A4 | New Jersey HCS | 1 | | | 2 | 3 |
| 4 595 | Lebanon, PA | 1 | 2 | | 3 | |
| 7 508 | Atlanta, GA | 1 | 3 | | 2 | |
| 16 635 | Oklahoma City, OK | 1 | | 2 | 3 | |
| 17 549 | North Texas HCS | 1 | 2 | 3 | | |
| 21 662 | San Francisco, CA | 1 | 2 | 3 | | |

† A "1" designates the group receiving the most emphasis.

Table 16f. Top Three Most Frequently Seen Special Patient Populations in PTSD and General CWT/TR's for FY00.†

| VISN | SITE | Homeless | Women | Elderly | AIDS/HIV | Other (specify) |
|-----------------------|------------|----------|-------|---------|----------|-----------------|
| PTSD CWT/TR | | | | | | |
| 1 | Boston, MA | 2 | 1 | | 3 | |
| General CWT/TR | | | | | | |
| 12 676 | Tomah, WI | 1 | 2 | | | |

† A "1" designates the group receiving the most emphasis.

Table 17a. Ratings of the Importance of Services Provided Directly by SAR RTP Staff for FY00.

| | | | | | |
|-----------------------------|--|--|--|---|---|
| Scale: 0-5 | Service not Provided 0 | Service Somewhat Important 1 | Service Moderately Important 2 | Service Quite Important 3 | Service of Primary Importance 4 |
|-----------------------------|--|--|--|---|---|

| VISN | SITE | Assessment and Diagnosis | Relapse Prevention | Crisis Intervention | Detox- ification | Substance Abuse Counseling | Individual Counseling | Group Counseling | Medication Management | Couples/ Family Counseling | Work Therapy | Social Skills Training | Daily Living Skills Training | Money Manage- ment | Occupational/ Recreational Therapy | Self- help Groups | Discharge Planning |
|----------------|-------------------|--------------------------------|-----------------------|------------------------|---------------------|----------------------------------|--------------------------|---------------------|--------------------------|----------------------------------|-----------------|------------------------------|---------------------------------------|--------------------------|--|-------------------------|-----------------------|
| SAR RTP | | | | | | | | | | | | | | | | | |
| 1 | Boston, MA | 4 | 3 | 0 | 0 | 3 | 1 | 3 | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 | 3 |
| 1 | Brockton, MA | 4 | 4 | 4 | 0 | 4 | 3 | 4 | 3 | 1 | 0 | 4 | 1 | 0 | 4 | 4 | 4 |
| 2 | Albany, NY | 4 | 4 | 3 | 0 | 4 | 4 | 4 | 2 | 3 | 2 | 2 | 2 | 0 | 2 | 3 | 4 |
| 2 | Western NY HCS | 4 | 4 | 4 | 0 | 4 | 4 | 4 | 4 | 2 | 3 | 1 | 2 | 2 | 2 | 4 | 4 |
| 3 | New Jersey HCS | 3 | 4 | 3 | 2 | 4 | 2 | 3 | 3 | 1 | 0 | 2 | 1 | 1 | 2 | 3 | 4 |
| 3 | Hudson Valley HCS | 4 | 3 | 1 | 0 | 3 | 3 | 3 | 2 | 1 | 0 | 1 | 1 | 0 | 2 | 2 | 3 |
| 3 | Northport, NY | 4 | 4 | 2 | 0 | 4 | 3 | 4 | 2 | 1 | 4 | 2 | 2 | 3 | 1 | 4 | 4 |
| 4 | Clarksburg, WV | 4 | 4 | 1 | 4 | 4 | 2 | 4 | 4 | 1 | 0 | 3 | 3 | 1 | 3 | 4 | 4 |
| 4 | Coatesville, PA | 4 | 4 | 3 | 4 | 4 | 3 | 3 | 4 | 1 | 1 | 2 | 2 | 0 | 3 | 3 | 4 |
| 4 | Coatesville, PA | 4 | 4 | 3 | 4 | 4 | 3 | 3 | 4 | 1 | 0 | 2 | 2 | 0 | 3 | 3 | 4 |
| 4 | Lebanon, PA | 4 | 4 | 2 | 0 | 4 | 3 | 4 | 2 | 1 | 0 | 1 | 1 | 0 | 0 | 4 | 4 |
| 4 | Wilkes Barre, PA | 4 | 4 | 3 | 0 | 4 | 4 | 4 | 4 | 3 | 0 | 4 | 4 | 2 | 4 | 4 | 4 |
| 5 | Maryland HCS | 4 | 4 | 4 | 0 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 |
| 6 | Asheville, NC | 4 | 4 | 0 | 0 | 4 | 4 | 4 | 4 | 3 | 3 | 0 | 0 | 0 | 4 | 4 | 4 |
| 6 | Salem, VA | 4 | 4 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 2 | 4 | 4 | 3 | 3 | 3 | 4 |
| 6 | Salisbury, NC | 3 | 3 | 2 | 0 | 4 | 3 | 3 | 1 | 2 | 0 | 0 | 0 | 1 | 1 | 2 | 4 |
| 8 | Bay Pines, FL | 4 | 4 | 2 | 0 | 4 | 4 | 4 | 3 | 3 | 1 | 4 | 0 | 0 | 3 | 3 | 3 |
| 8 | Miami, FL | 3 | 4 | 3 | 1 | 4 | 3 | 4 | 4 | 3 | 3 | 4 | 4 | 3 | 4 | 4 | 4 |
| 8 | N. FL / S. GA HCS | 4 | 4 | 2 | 1 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 2 | 2 | 4 | 3 |
| 9 | Memphis, TN | 4 | 4 | 2 | 2 | 4 | 3 | 4 | 4 | 2 | 3 | 4 | 4 | 2 | 2 | 4 | 4 |
| 10 | Cincinnati, OH | 4 | 4 | 3 | 0 | 4 | 2 | 4 | 3 | 2 | 1 | 2 | 3 | 3 | 3 | 4 | 4 |
| 11 | Battle Creek, MI | 4 | 4 | 2 | 0 | 4 | 4 | 4 | 4 | 1 | 4 | 2 | 2 | 1 | 3 | 3 | 4 |
| 12 | Chicago HCS | 4 | 4 | 3 | 0 | 4 | 3 | 4 | 3 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 4 |
| 12 | Hines, IL | 4 | 4 | 3 | 0 | 4 | 2 | 4 | 2 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 4 |
| 12 | Hines, IL | 4 | 4 | 2 | 0 | 4 | 2 | 4 | 3 | 3 | 2 | 3 | 4 | 3 | 3 | 3 | 4 |
| 12 | Tomah, WI | 4 | 4 | 2 | 0 | 4 | 3 | 4 | 4 | 0 | 0 | 3 | 3 | 0 | 2 | 3 | 4 |
| 14 | NE / West IA HCS | 4 | 3 | 2 | 1 | 4 | 3 | 4 | 1 | 1 | 1 | 2 | 2 | 1 | 2 | 3 | 4 |
| 16 | Gulf Coast HCS | 4 | 4 | 4 | | 4 | 4 | 4 | 4 | 4 | 2 | 2 | 2 | 0 | 4 | 4 | 4 |
| 16 | Jackson, MS | 4 | 4 | 3 | 3 | 4 | 1 | 3 | 3 | 1 | 0 | 4 | 2 | 1 | 2 | 3 | 3 |
| 17 | North Texas HCS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | Southern AZ HCS | 4 | 3 | 4 | 4 | 4 | 3 | 4 | 4 | 3 | 3 | 4 | 3 | 3 | 4 | 4 | 4 |
| 20 | Boise, ID | 4 | 4 | 1 | 0 | 4 | 3 | 4 | 4 | 2 | 0 | 4 | 4 | 2 | 4 | 4 | 4 |
| 20 | Roseburg HCS | 4 | 4 | 2 | 0 | 4 | 3 | 4 | 3 | 2 | 1 | 4 | 2 | 1 | 2 | 4 | 4 |
| 20 | Puget Sound HCS | 0 | 3 | 1 | 0 | 3 | 0 | 4 | 3 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 3 |
| 20 | Walla Walla, WA | 3 | 4 | 1 | 0 | 4 | 2 | 4 | 2 | 1 | 0 | 2 | 2 | 0 | 3 | 4 | 4 |
| 21 | Palo Alto HCS | 3 | 4 | 0 | 0 | 4 | 1 | 4 | 3 | 2 | 0 | 3 | 3 | 0 | 3 | 4 | 4 |
| 21 | Central CA HCS | 4 | 4 | 4 | 4 | 4 | 0 | 2 | 4 | 0 | 0 | 1 | 1 | 0 | 4 | 4 | 4 |
| 22 | Long Beach, CA | 4 | 4 | 3 | 1 | 4 | 3 | 4 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 4 | 4 |
| Program Avg | | 3.66 | 3.74 | 2.25 | 0.94 | 3.79 | 2.66 | 3.63 | 3.05 | 1.79 | 1.29 | 2.43 | 2.16 | 1.18 | 2.61 | 3.26 | 3.74 |
| Program S.D. | | 0.93 | 0.71 | 1.19 | 1.47 | 0.69 | 1.15 | 0.78 | 1.02 | 1.10 | 1.39 | 1.31 | 1.29 | 1.19 | 1.06 | 1.04 | 0.71 |

Table 17b. Ratings of the Importance of Services Provided Directly by General PR RTP Staff for FY00.

| | | | | | |
|---------------|-----------------|------------------|-------------------|------------------|-------------------|
| Scale: | Service | Service | Service | Service | Service of |
| 0-5 | Not | Somewhat | Moderately | Quite | Primary |
| | Provided | Important | Important | Important | Importance |
| | 0 | 1 | 2 | 3 | 4 |

| VISN | SITE | Assessment and Diagnosis | Relapse Prevention | Crisis Intervention | Detox- ification | Substance Abuse Counseling | Individual Counseling | Group Counseling | Medication Manage- ment | Couples/ Family Counseling | Work Therapy | Social Skills Training | Daily Living Skills Training | Money Manage- ment | Occupational/ Recreational Therapy | Self- help Groups | Discharge Planning |
|-----------------------|-------------------|--------------------------------|-----------------------|------------------------|---------------------|----------------------------------|--------------------------|---------------------|-------------------------------|----------------------------------|-----------------|------------------------------|------------------------------------|--------------------------|--|-------------------------|-----------------------|
| General PR RTP | | | | | | | | | | | | | | | | | |
| 2 | Canandaigua, NY | 4 | 4 | 3 | 3 | 4 | 4 | 4 | 4 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 4 |
| 3 | New Jersey HCS | 3 | 4 | 1 | 0 | 4 | 1 | 4 | 4 | 1 | 4 | 4 | 4 | 2 | 4 | 4 | 4 |
| 3 | Hudson Valley HCS | 4 | 4 | 2 | 0 | 4 | 4 | 4 | 4 | 1 | 0 | 4 | 3 | 2 | 4 | 4 | 4 |
| 3 | Lebanon, PA | 4 | 4 | 3 | 0 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 3 | 4 | 4 |
| 4 | Pittsburgh HCS | 2 | 3 | 2 | 0 | 3 | 2 | 3 | 3 | 1 | 4 | 4 | 4 | 4 | 4 | 3 | 2 |
| 8 | Miami, FL | 4 | 3 | 3 | 0 | 1 | 3 | 4 | 4 | 1 | 2 | 4 | 4 | 3 | 4 | 2 | 4 |
| 8 | N. FL / S. GA HCS | 4 | 4 | 3 | 0 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 4 |
| 10 | Cleveland, OH | 3 | 4 | 3 | 0 | 2 | 3 | 4 | 4 | 2 | 1 | 4 | 4 | 2 | 4 | 1 | 4 |
| 11 | Battle Creek, MI | 2 | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 3 | 0 | 3 |
| 12 | Hines, IL | 3 | 3 | 3 | 0 | 1 | 4 | 4 | 4 | 1 | 2 | 4 | 4 | 1 | 4 | 1 | 4 |
| 12 | Iron Mountain, MI | 4 | 3 | 1 | 0 | 4 | 1 | 1 | 2 | 1 | 2 | 3 | 3 | 3 | 3 | 4 | 4 |
| 13 | St. Cloud, MN | 1 | 4 | 1 | 0 | 4 | 1 | 4 | 1 | 1 | 2 | 4 | 1 | 2 | 2 | 2 | 2 |
| 15 | Kansas City, MO | 3 | 2 | 1 | 2 | 1 | 2 | 4 | 4 | 1 | 0 | 3 | 1 | 1 | 3 | 2 | 3 |
| 15 | Marion, IL | 4 | 4 | | 3 | 3 | 3 | 4 | 4 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 4 |
| 15 | Eastern KS HCS | 4 | 3 | 3 | 0 | 3 | 3 | 4 | 4 | 0 | 3 | 4 | 4 | 3 | 4 | 3 | 4 |
| 16 | Houston, TX | 4 | 4 | | 1 | 2 | 3 | 3 | 4 | 2 | 4 | 4 | 4 | 3 | 3 | 1 | 4 |
| 16 | Jackson, MS | 4 | 2 | 3 | 0 | 3 | 0 | 4 | 3 | 0 | 3 | 3 | 3 | 3 | 3 | 1 | 4 |
| 18 | New Mexico HCS | 4 | 4 | 3 | 0 | 4 | 3 | 4 | 3 | 2 | 4 | 3 | 3 | 3 | 3 | 3 | 4 |
| 18 | New Mexico HCS | 4 | 4 | 2 | 0 | 4 | 3 | 4 | 1 | 2 | 1 | 3 | 3 | 2 | 1 | 3 | 4 |
| 19 | Sheridan, WY | 4 | 3 | 3 | 0 | 3 | 3 | 4 | 3 | 3 | 2 | 4 | 2 | 2 | 4 | 0 | 4 |
| 20 | Alaska HCS | 4 | 3 | 3 | 0 | 3 | 3 | 3 | 1 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |
| 20 | Puget Sound HCS | 3 | 2 | 0 | 0 | 3 | 3 | 4 | 4 | 0 | | 3 | 3 | 2 | 4 | 0 | 4 |
| 20 | Walla Walla, WA | 1 | 0 | 2 | 0 | 2 | 4 | 4 | 4 | 1 | 0 | 4 | 4 | 1 | 1 | 2 | 3 |
| 21 | Palo Alto HCS | 2 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 21 | Palo Alto HCS | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | | 3.20 | 2.84 | 2.17 | 0.36 | 2.68 | 2.52 | 3.28 | 2.96 | 1.20 | 2.04 | 3.16 | 2.88 | 2.12 | 2.92 | 2.08 | 3.44 |
| | | 1.06 | 1.41 | 0.92 | 0.89 | 1.32 | 1.30 | 1.37 | 1.40 | 0.98 | 1.46 | 1.12 | 1.14 | 1.11 | 1.20 | 1.41 | 1.06 |

Table 17c. Ratings of the Importance of Services Provided Directly by PRRP Staff for FY00.

| | | | | | |
|--------|----------|-----------|------------|-----------|------------|
| Scale: | Service | Service | Service | Service | Service of |
| 0-5 | Not | Somewhat | Moderately | Quite | Primary |
| | Provided | Important | Important | Important | Importance |
| | 0 | 1 | 2 | 3 | 4 |

| VISN | SITE | Assessment and Diagnosis | Relapse Prevention | Crisis Intervention | Detox- ification | Substance Abuse Counseling | Individual Counseling | Group Counseling | Medication Manage- ment | Couples/ Family Counseling | Work Therapy | Social Skills Training | Daily Living Skills Training | Money Manage- ment | Occupational/ Recreational Therapy | Self- help Groups | Discharge Planning |
|--------------|-------------------|--------------------------------|-----------------------|------------------------|---------------------|----------------------------------|--------------------------|---------------------|-------------------------------|----------------------------------|-----------------|------------------------------|---------------------------------------|--------------------------|--|-------------------------|-----------------------|
| PRRP | | | | | | | | | | | | | | | | | |
| 1 | Connecticut HCS | 2 | 3 | 2 | 0 | 3 | 3 | 4 | 2 | | 2 | 4 | 4 | 3 | 3 | 4 | 4 |
| 2 | Western NY HCS | 4 | 3 | 4 | | 3 | 4 | 4 | 4 | 3 | 1 | 1 | 1 | 2 | 2 | 1 | 4 |
| 3 | New Jersey HCS | 4 | 3 | 2 | 0 | 3 | 3 | 4 | 4 | 2 | 0 | 2 | 2 | 1 | 3 | 3 | 4 |
| 3 | Hudson Valley HCS | 4 | 3 | 2 | 0 | 4 | 4 | 4 | 4 | 1 | 0 | 2 | 2 | 2 | 2 | 3 | 4 |
| 4 | Clarksburg, WV | 4 | 4 | 1 | 0 | 0 | 2 | 4 | 2 | 4 | 0 | 1 | 0 | 0 | 2 | 0 | 4 |
| 4 | Coatesville, PA | 4 | 4 | 3 | 0 | 3 | 4 | 4 | 2 | 1 | 1 | 2 | 0 | 0 | 1 | 2 | 4 |
| 8 | Bay Pines, FL | 4 | 3 | 3 | 0 | 3 | 3 | 4 | 4 | 3 | 1 | 4 | 4 | 2 | 4 | 2 | 4 |
| 8 | Miami, FL | 4 | 3 | 2 | 0 | 2 | 4 | 4 | 4 | 2 | 2 | 2 | 0 | 0 | 3 | 2 | 4 |
| 10 | Cincinnati, OH | 4 | 3 | 2 | 0 | 2 | 2 | 4 | 4 | 2 | 1 | 2 | 0 | 0 | 3 | 2 | 4 |
| 11 | Battle Creek, MI | 3 | 3 | 3 | 0 | 3 | 4 | 4 | 4 | 2 | 1 | 3 | 1 | 1 | 2 | 3 | 4 |
| 12 | North Chicago, IL | 4 | 3 | 2 | 0 | 0 | 4 | 4 | 4 | 1 | 0 | 2 | 0 | 0 | 1 | 0 | 4 |
| 12 | Tomah, WI | 4 | 1 | 3 | 0 | 1 | 3 | 4 | 4 | 0 | 0 | 2 | 2 | 0 | 2 | 1 | 4 |
| 16 | Central AK HCS | 3 | 2 | 3 | 0 | 1 | 3 | 4 | 2 | 2 | 0 | 3 | 1 | 0 | 4 | 3 | 3 |
| 16 | New Orleans, LA | 4 | 3 | 1 | 0 | 2 | 4 | 4 | 2 | 1 | 0 | 3 | 1 | 1 | 3 | 2 | 4 |
| 20 | Puget Sound HCS | 3 | 4 | 2 | 0 | 1 | 1 | 4 | 4 | 0 | 1 | 2 | 1 | 0 | 1 | 2 | 3 |
| 21 | Hilo, HI †, ††† | 3 | 3 | 1 | 0 | 3 | 3 | 3 | 2 | 2 | 0 | 3 | 2 | 0 | 0 | 0 | 3 |
| 21 | Palo Alto HCS | 4 | 4 | 3 | 2 | 3 | 3 | 4 | 4 | 3 | 2 | 4 | 4 | 1 | 4 | 4 | 4 |
| 21 | Palo Alto HCS | 4 | 3 | 3 | 2 | 2 | 3 | 4 | 4 | 3 | 2 | 4 | 3 | 1 | 4 | 3 | 4 |
| Program Avg | | 3.67 | 3.06 | 2.33 | 0.24 | 2.17 | 3.17 | 3.94 | 3.33 | 1.88 | 0.78 | 2.56 | 1.56 | 0.78 | 2.44 | 2.06 | 3.83 |
| Program S.D. | | 0.58 | 0.70 | 0.82 | 0.64 | 1.12 | 0.83 | 0.23 | 0.94 | 1.08 | 0.79 | 0.96 | 1.38 | 0.92 | 1.17 | 1.22 | 0.37 |

Table 17d. Ratings of the Importance of Services Provided Directly by SA CWT/TR Staff for FY00.

| | | | | | |
|---------------|-----------------|------------------|-------------------|------------------|-------------------|
| Scale: | Service | Service | Service | Service | Service of |
| 0-5 | Not | Somewhat | Moderately | Quite | Primary |
| | Provided | Important | Important | Important | Importance |
| | 0 | 1 | 2 | 3 | 4 |

| VISN | SITE | Assessment and Diagnosis | Relapse Prevention | Crisis Intervention | Detox- ification | Substance Abuse Counseling | Individual Counseling | Group Counseling | Medication Management | Couples/ Family Counseling | Work Therapy | Social Skills Training | Daily Living Skills Training | Money Manage- ment | Occupational/ Recreational Therapy | Self- help Groups | Discharge Planning |
|---------------------|-------------------|--------------------------------|-----------------------|------------------------|---------------------|----------------------------------|--------------------------|---------------------|--------------------------|----------------------------------|-----------------|------------------------------|---------------------------------------|--------------------------|--|----------------------|-----------------------|
| SA CWT/TR | | | | | | | | | | | | | | | | | |
| 1 | Boston, MA | 4 | 4 | 4 | 0 | 4 | 3 | 4 | 3 | 1 | 4 | 3 | 4 | 4 | 3 | 3 | 4 |
| 1 | Northampton, MA | 4 | 4 | 3 | 0 | 4 | 3 | 3 | 1 | 1 | 3 | 2 | 0 | 2 | 0 | 3 | 3 |
| 4 | Pittsburgh HCS | 0 | 4 | 1 | 0 | 4 | 3 | 3 | 0 | 0 | 4 | 2 | 4 | 4 | 0 | 4 | 4 |
| 6 | Hampton, VA | 2 | 4 | 2 | 0 | 4 | 3 | 3 | 2 | 1 | 4 | 2 | 2 | 3 | 0 | 4 | 4 |
| 10 | Cleveland, OH | 3 | 3 | 2 | 0 | 3 | 4 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 3 | 4 | 4 |
| 11 | Battle Creek, MI | 4 | 4 | 2 | 0 | 4 | 4 | 3 | 1 | 0 | 4 | 4 | 4 | 4 | 2 | 4 | 4 |
| 12 | North Chicago, IL | 4 | 4 | 0 | 0 | 4 | 1 | 4 | 0 | 0 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 13 | Black Hills HCS | 4 | 4 | 4 | 0 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 4 |
| 15 | Kansas City, MO | 3 | 4 | 4 | 0 | 4 | 4 | 4 | 0 | 2 | 4 | 4 | 4 | 4 | 2 | 3 | 4 |
| 16 | Central AK HCS | 3 | 4 | 3 | 0 | 4 | 2 | 4 | 0 | 1 | 4 | 4 | 4 | 4 | 0 | 3 | 4 |
| 20 | Puget Sound HCS | 3 | 4 | 2 | 0 | 3 | 3 | 3 | 3 | 0 | 4 | 4 | 3 | 3 | 3 | 0 | 4 |
| 21 | Palo Alto HCS | 3 | 3 | 3 | 0 | 3 | 2 | 3 | 0 | 0 | 4 | 2 | 1 | 3 | 0 | 3 | 3 |
| Program Avg | | 3.08 | 3.83 | 2.50 | 0.00 | 3.75 | 3.00 | 3.42 | 1.42 | 1.08 | 3.92 | 3.17 | 3.08 | 3.50 | 1.67 | 3.17 | 3.83 |
| Program S.D. | | 1.11 | 0.37 | 1.19 | 0.00 | 0.43 | 0.91 | 0.49 | 1.44 | 1.26 | 0.28 | 0.90 | 1.32 | 0.65 | 1.49 | 1.07 | 0.37 |

| | | | | | |
|---------------|----------|-----------|------------|-----------|------------|
| Scale: | Service | Service | Service | Service | Service of |
| 0-5 | Not | Somewhat | Moderately | Quite | Primary |
| | Provided | Important | Important | Important | Importance |
| | 0 | 1 | 2 | 3 | 4 |

Table 17e. Ratings of the Importance of Services Provided Directly by HCMI CWT/TR Staff for FY00.

| VISN | SITE | Assessment and Diagnosis | Relapse Prevention | Crisis Intervention | Detox - ification | Substance Abuse Counseling | Individual Counseling | Group Counseling | Medication Management | Couples/ Family Counseling | Work Therapy | Social Skills Training | Daily Living Skills Training | Money Manage- ment | Occupational/ Recreational Therapy | Self- help Groups | Discharge Planning |
|---------------------|-------------------|--------------------------|--------------------|---------------------|-------------------|----------------------------|-----------------------|------------------|-----------------------|----------------------------|--------------|------------------------|------------------------------|--------------------|------------------------------------|-------------------|--------------------|
| HCMI CWT/TR | | | | | | | | | | | | | | | | | |
| 1 | Bedford, MA | 3 | 3 | 2 | 0 | 3 | 3 | 2 | 1 | 0 | 4 | 3 | 1 | 2 | 1 | 3 | 3 |
| 2 | Albany, NY | 4 | 4 | 3 | 0 | 4 | 2 | 4 | 4 | 2 | 4 | 3 | 3 | 3 | 1 | 4 | 4 |
| 3 | New Jersey HCS | 4 | 4 | 4 | 0 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 0 | 4 | 4 |
| 4 | Lebanon, PA | 4 | 4 | 3 | 0 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 3 | 4 | 4 |
| 7 | Atlanta, GA | 4 | 2 | 3 | 2 | 3 | 4 | 4 | 2 | 0 | 3 | 2 | 2 | 4 | 2 | 4 | 3 |
| 16 | Oklahoma City, OK | 3 | 3 | 1 | 0 | 4 | 2 | 2 | 0 | 0 | 4 | 1 | 1 | 3 | 1 | 2 | 3 |
| 17 | North Texas HCS | 3 | 4 | 3 | 0 | 2 | 3 | 3 | 1 | 0 | 4 | 4 | 4 | 4 | 2 | 4 | 4 |
| 21 | San Francisco, CA | 3 | 4 | 2 | 0 | 4 | 2 | 3 | 1 | 0 | 4 | | 2 | 3 | 0 | 0 | 4 |
| Program Avg | | 3.50 | 3.50 | 2.63 | 0.25 | 3.50 | 3.00 | 3.25 | 2.13 | 1.13 | 3.88 | 3.00 | 2.63 | 3.38 | 1.25 | 3.13 | 3.63 |
| Program S.D. | | 0.50 | 0.71 | 0.86 | 0.66 | 0.71 | 0.87 | 0.83 | 1.54 | 1.54 | 0.33 | 1.07 | 1.22 | 0.70 | 0.97 | 1.36 | 0.48 |

Table 17f. Ratings of the Importance of Services Provided Directly by PTSD and General CWT/TR Staff by FY00.

| VISN | SITE | Assessment and Diagnosis | Relapse Prevention | Crisis Intervention | Detox - ification | Substance Abuse Counseling | Individual Counseling | Group Counseling | Medication Management | Couples/ Family Counseling | Work Therapy | Social Skills Training | Daily Living Skills Training | Money Manage- ment | Occupational/ Recreational Therapy | Self- help Groups | Discharge Planning |
|-----------------------|------------|--------------------------|--------------------|---------------------|-------------------|----------------------------|-----------------------|------------------|-----------------------|----------------------------|--------------|------------------------|------------------------------|--------------------|------------------------------------|-------------------|--------------------|
| PTSD CWT/TR | | | | | | | | | | | | | | | | | |
| 1 | Boston, MA | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 3 | 2 | 3 | 2 | 3 | 4 | 3 | 4 | 4 |
| General CWT/TR | | | | | | | | | | | | | | | | | |
| 12 | Tomah, WI | 3 | 3 | 2 | 0 | 3 | 3 | 2 | 2 | 1 | 3 | 3 | 3 | 3 | 0 | 3 | 4 |

Table 18a. Location of SARRTP Programs for FY00.†

| VISN | SITE | Program Located on VA Hospital Ward | Located in VA Owned Housing in the Community | Located in a Building on VA Grounds | Located in a Leased Property in the Community |
|---------------------------------|-----------------------------|---|--|---|---|
| SARRTP | | | | | |
| 1 | 523 Boston, MA | 1 | 0 | 0 | 0 |
| 1 | 523A5 Brockton, MA | 1 | 0 | 0 | 0 |
| 2 | 500 Albany, NY | 1 | 0 | 0 | 0 |
| 2 | 528 Western New York HCS | 1 | 0 | 0 | 0 |
| 3 | 561 New Jersey HCS | 1 | 0 | 0 | 0 |
| 3 | 620 Hudson Valley HCS | 0 | 0 | 1 | 0 |
| 3 | 632 Northport, NY | 1 | 0 | 0 | 0 |
| 4 | 540 Clarksburg, WV | 1 | 0 | 0 | 0 |
| 4 | 542 Coatesville, PA | 1 | 0 | 0 | 0 |
| 4 | 542 Coatesville, PA | 1 | 0 | 0 | 0 |
| 4 | 595 Lebanon, PA | 1 | 0 | 0 | 0 |
| 4 | 693 Wilkes Barre, PA | 1 | 0 | 0 | 0 |
| 5 | 512A4 Maryland HCS | 0 | 0 | 1 | 0 |
| 6 | 637 Asheville, NC | 1 | 0 | 0 | 0 |
| 6 | 658 Salem, VA | 1 | 0 | 0 | 0 |
| 6 | 659 Salisbury, NC | 1 | 0 | 0 | 0 |
| 8 | 516 Bay Pines, FL | 0 | 0 | 1 | 0 |
| 8 | 546 Miami, FL | 1 | 0 | 0 | 0 |
| 8 | 573 N.Florida/S.Georgia HCS | 1 | 0 | 0 | 0 |
| 9 | 614 Memphis, TN | 1 | 0 | 0 | 0 |
| 10 | 539 Cincinnati, OH | 1 | 0 | 0 | 0 |
| 11 | 515 Battle Creek, MI | 0 | 0 | 1 | 0 |
| 12 | 537 Chicago HCS | 1 | 0 | 0 | 0 |
| 12 | 578 Hines, IL | 1 | 0 | 0 | 0 |
| 12 | 578 Hines, IL | 1 | 0 | 0 | 0 |
| 12 | 676 Tomah, WI | 0 | 0 | 1 | 0 |
| 14 | 636A4 Nebraska-W.Iowa HCS | 1 | 0 | 0 | 0 |
| 16 | 520 Gulf Coast HCS | 1 | 0 | 0 | 0 |
| 16 | 586 Jackson, MS | 1 | 0 | 0 | 0 |
| 17 | 549 North Texas HCS | 1 | 0 | 0 | 0 |
| 18 | 678 Southern Arizona HCS | 0 | 0 | 1 | 0 |
| 20 | 531 Boise, ID | 1 | 0 | 0 | 0 |
| 20 | 653 Roseburg HCS | 1 | 0 | 0 | 0 |
| 20 | 663A4 Puget Sound HCS | 1 | 0 | 0 | 0 |
| 20 | 687 Walla Walla, WA | 1 | 0 | 0 | 0 |
| 21 | 640PA Palo Alto HCS | 0 | 0 | 1 | 0 |
| 21 | 570 Central CA HCS | 1 | 0 | 0 | 0 |
| 22 | 600 Long Beach, CA | 1 | 0 | 0 | 0 |
| Total SARRTP | | 31 (81.6%) | 0 (0.0%) | 7 (18.4%) | 0 (0.0%) |
| Total All PRRTP Programs | | 61 (59.2%) | 22 (21.4%) | 17 (16.5%) | 3 (2.9%) |

† 0 = no; 1 = yes.

†† Madison (VISN 12) does not appear in this table since they did not submit an Annual Narrative for FY00.

Table 18b. Location of General PRRTTP Programs for FY00.†

| VISN | | | Program Located on VA Hospital Ward | Located in VA Owned Housing in the Community | Located in a Building on VA Grounds | Located in a Leased Property in the Community |
|----------------------------------|-------|-------------------------|---|--|---|---|
| SITE | | | | | | |
| PRRTTP (general) | | | | | | |
| 2 | 528A5 | Canandaigua, NY | 1 | 0 | 0 | 0 |
| 3 | 561A4 | New Jersey HCS | 1 | 0 | 0 | 0 |
| 3 | 620 | Hudson Valley HCS | 1 | 0 | 0 | 0 |
| 3 | 595 | Lebanon, PA | 1 | 0 | 0 | 0 |
| 4 | 646 | Pittsburgh HCS | 1 | 0 | 0 | 0 |
| 8 | 546 | Miami, FL | 1 | 0 | 0 | 0 |
| 8 | 594 | N.Florida/S.Georgia HCS | 1 | 0 | 0 | 0 |
| 10 | 541 | Cleveland, OH | 1 | 0 | 0 | 0 |
| 11 | 515 | Battle Creek, MI | 0 | 0 | 1 | 0 |
| 12 | 578 | Hines, IL | 1 | 0 | 0 | 0 |
| 12 | 585 | Iron Mountain, MI | 1 | 0 | 0 | 0 |
| 13 | 656 | St. Cloud, MN | 1 | 0 | 0 | 0 |
| 15 | 589 | Kansas City, MO | 1 | 0 | 0 | 0 |
| 15 | 609 | Marion, IL | 1 | 0 | 0 | 0 |
| 15 | 677A4 | Eastern Kansas HCS | 0 | 0 | 1 | 0 |
| 16 | 580 | Houston, TX | 1 | 0 | 0 | 0 |
| 16 | 586 | Jackson, MS | 1 | 0 | 0 | 0 |
| 18 | 501 | New Mexico HCS | 0 | 0 | 1 | 0 |
| 18 | 501 | New Mexico HCS | 0 | 0 | 0 | 1 |
| 19 | 666 | Sheridan, WY | 0 | 0 | 1 | 0 |
| 20 | 463 | Alaska HCS | 0 | 1 | 0 | 0 |
| 20 | 663A4 | Puget Sound HCS | 1 | 0 | 0 | 0 |
| 20 | 687 | Walla Walla, WA | 1 | 0 | 0 | 0 |
| 21 | 640PA | Palo Alto HCS | 0 | 0 | 1 | 0 |
| 21 | 640PA | Palo Alto HCS | 1 | 0 | 0 | 0 |
| Total SARRTP | | | 18 (72.0%) | 1 (4.0%) | 5 (20.0%) | 1 (4.0%) |
| Total All PRRTTP Programs | | | 61 (59.2%) | 22 (21.4%) | 17 (16.5%) | 3 (2.9%) |

† 0 = no; 1 = yes.

Table 18c. Location of PRRP Programs for FY00.†

| VISN SITE | | | Program Located on VA Hospital Ward | Located in VA Owned Housing in the Community | Located in a Building on VA Grounds | Located in a Leased Property in the Community |
|----------------------------------|-------|----------------------|---|--|---|---|
| PRRP | | | | | | |
| 1 | 689 | Connecticut HCS | 0 | 0 | 1 | 0 |
| 2 | 528A4 | Western New York HCS | 0 | 0 | 1 | 0 |
| 3 | 561A4 | New Jersey HCS | 1 | 0 | 0 | 0 |
| 3 | 620 | Hudson Valley HCS | 1 | 0 | 0 | 0 |
| 4 | 540 | Clarksburg, WV | 1 | 0 | 0 | 0 |
| 4 | 542 | Coatesville, PA | 1 | 0 | 0 | 0 |
| 8 | 516 | Bay Pines, FL | 1 | 0 | 0 | 0 |
| 8 | 546 | Miami, FL | 1 | 0 | 0 | 0 |
| 10 | 539 | Cincinnati, OH | 0 | 0 | 1 | 0 |
| 11 | 515 | Battle Creek, MI | 1 | 0 | 0 | 0 |
| 12 | 556 | North Chicago, IL | 1 | 0 | 0 | 0 |
| 12 | 676 | Tomah, WI | 1 | 0 | 0 | 0 |
| 16 | 598 | Central Arkansas HCS | 1 | 0 | 0 | 0 |
| 16 | 629 | New Orleans, LA | 1 | 0 | 0 | 0 |
| 20 | 663 | Puget Sound HCS | 0 | 0 | 1 | 0 |
| 21 | 459 | Hilo, HI †, ††† | 0 | 0 | 0 | 1 |
| 21 | 640PA | Palo Alto HCS | 0 | 0 | 1 | 0 |
| 21 | 640PA | Palo Alto HCS | 0 | 0 | 1 | 0 |
| Total PRRP | | | 11 (61.1%) | 0 (0.0%) | 6 (33.3%) | 1 (5.6%) |
| Total All PRRTTP Programs | | | 61 (59.2%) | 22 (21.4%) | 17 (16.5%) | 3 (2.9%) |

† 0 = no; 1 = yes.

Table 18d. Location of SA CWT/TR Programs for FY00.†

| VISN | | SITE | Program Located on VA Hospital Ward | Located in VA Owned Housing in the Community | Located in a Building on VA Grounds | Located in a Leased Property in the Community |
|----------------------------------|-------|-------------------------------|---|--|---|---|
| SA CWT/TR | | | | | | |
| 1 | 523 | Boston, MA | 0 | 1 | 0 | 0 |
| 1 | 631 | Northampton, MA | 0 | 1 | 0 | 0 |
| 4 | 656A5 | Pittsburgh HCS | 0 | 1 | 0 | 0 |
| 6 | 590 | Hampton, VA | 0 | 1 | 0 | 0 |
| 10 | 541 | Cleveland, OH | 0 | 1 | 0 | 0 |
| 11 | 515 | Battle Creek, MI | 0 | 1 | 0 | 0 |
| 12 | 556 | North Chicago, IL | 0 | 1 | 0 | 0 |
| 13 | 568 | Black Hills HCS | 0 | 1 | 0 | 0 |
| 15 | 589 | Kansas City, MO | 0 | 1 | 0 | 0 |
| 16 | 598 | Central Arkansas HCS†† | 0 | 1 | 0 | 0 |
| 20 | 663A4 | Puget Sound HCS | 0 | 1 | 0 | 0 |
| 21 | 640PA | Palo Alto HCS | 0 | 1 | 0 | 0 |
| Total SA CWT/TR | | | 0 (0.0%) | 12 (100.0%) | 0 (0.0%) | 0 (0.0%) |
| Total All PR RTP Programs | | | 61 (59.2%) | 22 (21.4%) | 17 (16.5%) | 3 (2.9%) |

† 0 = no; 1 = yes.

†† The program at at Central Arkansas HCS in Little Rock utilizes a building on VA grounds as well as houses in the community.

Table 18e. Location of HCMI CWT/TR Programs for FY00.†

| VISN | SITE | Program Located on VA Hospital Ward | Located in VA Owned Housing in the Community | Located in a Building on VA Grounds | Located in a Leased Property in the Community |
|----------------------------------|-----------------------|---|--|---|---|
| HCMI CWT/TR | | | | | |
| 1 | 518 Bedford, MA | 0 | 1 | 0 | 0 |
| 2 | 500 Albany, NY | 0 | 1 | 0 | 0 |
| 3 | 561A4 New Jersey HCS | 0 | 1 | 0 | 0 |
| 4 | 595 Lebanon, PA | 0 | 1 | 0 | 0 |
| 7 | 508 Atlanta, GA | 0 | 1 | 0 | 0 |
| 16 | 635 Oklahoma City, OK | 0 | 1 | 0 | 0 |
| 17 | 549 North Texas HCS | 0 | 1 | 0 | 0 |
| 21 | 662 San Francisco, CA | 0 | 1 | 0 | 0 |
| Total HCMI CWT/TR | | 0 (0.0%) | 7 (100.0%) | 0 (0.0%) | 0 (0.0%) |
| Total All PRRTTP Programs | | 61 (59.2%) | 22 (21.4%) | 17 (16.5%) | 3 (2.9%) |

† 0 = no; 1 = yes.

Table 18f. Location of PTSD and General CWT/TR Programs for FY00.†

| VISN | SITE | Program Located on VA Hospital Ward | Located in VA Owned Housing in the Community | Located in a Building on VA Grounds | Located in a Leased Property in the Community |
|----------------------------------|----------------|---|--|---|---|
| PTSD CWT/TR | | | | | |
| 1 | 523 Boston, MA | 0 | 1 | 0 | 0 |
| General CWT/TR | | | | | |
| 12 | 676 Tomah, WI | 1 | 0 | 0 | 0 |
| Total PTSD CWT/TR | | 0 (0.0%) | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) |
| Total General CWT/TR | | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |
| Total All PRRTTP Programs | | 61 (59.2%) | 22 (21.4%) | 17 (16.5%) | 3 (2.9%) |

† 0 = no; 1 = yes.

Table 19a. SARRTP Program Characteristics; Night, Weekend and Evening Coverage for FY00.†

| VISN | SITE | Paid VA Staff Present 24hrs/7days | House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager†† | House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager | Other | Times during Evening, Night and Weekends without Staff Present for more than 1 hour ††† |
|---------------------------------|-----------------------------|--------------------------------------|---|--|-----------------|--|
| SARRTP | | | | | | |
| 1 | 523 Boston, MA | | 1 | | | 0 |
| 1 | 523A5 Brockton, MA | | | | 1 | 0 |
| 2 | 500 Albany, NY | 1 | | | | 1 |
| 2 | 528 Western New York HCS | 1 | | | | 0 |
| 3 | 561 New Jersey HCS | 1 | | | | 0 |
| 3 | 620 Hudson Valley HCS | 1 | | | | 0 |
| 3 | 632 Northport, NY | | 1 | | | 0 |
| 4 | 540 Clarksburg, WV | 1 | | | | 0 |
| 4 | 542 Coatesville, PA | 1 | | | | 0 |
| 4 | 542 Coatesville, PA | 1 | | | | 0 |
| 4 | 595 Lebanon, PA | 1 | | | | 0 |
| 4 | 693 Wilkes Barre, PA | | 1 | | | 1 |
| 5 | 512A4 Maryland HCS | 1 | | | | 0 |
| 6 | 637 Asheville, NC | 1 | | | | 0 |
| 6 | 658 Salem, VA | 1 | | | | 0 |
| 6 | 659 Salisbury, NC | | | | 1 | 0 |
| 8 | 516 Bay Pines, FL | 1 | | | | 0 |
| 8 | 546 Miami, FL | | | 1 | | 0 |
| 8 | 573 N.Florida/S.Georgia HCS | 1 | | | | 0 |
| 9 | 614 Memphis, TN | 1 | | | | 0 |
| 10 | 539 Cincinnati, OH | 1 | | | | 0 |
| 11 | 515 Battle Creek, MI | 1 | | | | 0 |
| 12 | 537 Chicago HCS | 1 | | | | 0 |
| 12 | 578 Hines, IL | 1 | | | | 1 |
| 12 | 578 Hines, IL | 1 | | | | 1 |
| 12 | 676 Tomah, WI | 1 | | | | 0 |
| 14 | 636A4 Nebraska-W.Iowa HCS | | 1 | | | 0 |
| 16 | 520 Gulf Coast HCS | 1 | | | | 0 |
| 16 | 586 Jackson, MS | 1 | | | | 0 |
| 17 | 549 North Texas HCS | 1 | | | | 0 |
| 18 | 678 Southern Arizona HCS | 1 | | | | 0 |
| 20 | 531 Boise, ID | | 1 | | | 1 |
| 20 | 653 Roseburg HCS | 1 | | | | 0 |
| 20 | 663A4 Puget Sound HCS | 1 | | | | 0 |
| 20 | 687 Walla Walla, WA | | 1 | | | 1 |
| 21 | 640PA Palo Alto HCS | | | 1 | | 0 |
| 21 | 570 Central California HCS | | | 1 | | 1 |
| 22 | 600 Long Beach, CA | 1 | | | | 0 |
| Total SARRTP | | 27 (71.1%) | 6 (15.8%) | 3 (7.9%) | 2 (5.3%) | 7 (18.4%) |
| Total All PRRTP Programs | | 61 (59.2%) | 25 (24.3%) | 13 (12.6%) | 3 (2.9%) | 17 (16.5%) |

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.

†††† Madison (VISN 12) does not appear in this table since they did not submit an Annual Narrative for FY00.

Table 19b. General PR RTP Program Characteristics; Night, Weekend and Evening Coverage for FY00.†

| VISN | SITE | Paid VA Staff Present 24hrs/7days | House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager†† | House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager | Other | Times during Evening, Night and Weekends without Staff Present for more than 1 hour ††† |
|----------------------------------|-----------------------------|--------------------------------------|---|--|-----------------|--|
| PR RTP (general) | | | | | | |
| 2 | 528A5 Canandaigua, NY | 1 | | | | 0 |
| 3 | 561A4 New Jersey HCS | 1 | | | | 0 |
| 3 | 620 Hudson Valley HCS | 1 | | | | 0 |
| 4 | 595 Lebanon, PA | | 1 | | | 0 |
| 4 | 646 Pittsburgh HCS | 1 | | | | 0 |
| 8 | 546 Miami, FL | | 1 | | | 0 |
| 8 | 594 N.Florida/S.Georgia HCS | 1 | | | | 0 |
| 10 | 541 Cleveland, OH | 1 | | | | 0 |
| 11 | 515 Battle Creek, MI | 1 | | | | 0 |
| 12 | 578 Hines, IL | 1 | | | | 0 |
| 12 | 585 Iron Mountain, MI | | 1 | | | 0 |
| 13 | 656 St. Cloud, MN | 1 | | | | 0 |
| 15 | 589 Kansas City, MO | 1 | | | | 0 |
| 15 | 609 Marion, IL | 1 | | | | 0 |
| 15 | 677A4 Eastern Kansas HCS | 1 | | | | 0 |
| 16 | 580 Houston, TX | 1 | | | | 0 |
| 16 | 586 Jackson, MS | 1 | | | | 1 |
| 18 | 501 New Mexico HCS | 1 | | | | 0 |
| 18 | 501 New Mexico HCS | | 1 | | | 1 |
| 19 | 666 Sheridan, WY | | 1 | | | 0 |
| 20 | 463 Alaska HCS | | | 1 | | 1 |
| 20 | 663A4 Puget Sound HCS | 1 | | | | 0 |
| 20 | 687 Walla Walla, WA | 1 | | | | 0 |
| 21 | 640PA Palo Alto HCS | 1 | | | | 0 |
| 21 | 640PA Palo Alto HCS | 1 | | | | 0 |
| Total SAR RTP | | 19 (76.0%) | 5 (20.0%) | 1 (4.0%) | 0 (0.0%) | 3 (12.0%) |
| Total All PR RTP Programs | | 61 (59.2%) | 25 (24.3%) | 13 (12.6%) | 3 (2.9%) | 17 (16.5%) |

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.

Table 19c. PRRP Program Characteristics; Night, Weekend and Evening Coverage for FY00.†

| VISN | SITE | Paid VA Staff Present 24hrs/7days | House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager†† | House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager | Other | Times during Evening, Night and Weekends without Staff Present for more than 1 hour ††† |
|---------------------------------|----------------------------|--------------------------------------|---|--|-----------------|--|
| PRRP | | | | | | |
| 1 | 689 Connecticut HCS | | 1 | | | 1 |
| 2 | 528A4 Western New York HCS | 1 | | | | 0 |
| 3 | 561A4 New Jersey HCS | 1 | | | | 0 |
| 3 | 620 Hudson Valley HCS | 1 | | | | 0 |
| 4 | 540 Clarksburg, WV | 1 | | | | 1 |
| 4 | 542 Coatesville, PA | 1 | | | | 0 |
| 8 | 516 Bay Pines, FL | 1 | | | | 0 |
| 8 | 546 Miami, FL | | 1 | | | 0 |
| 10 | 539 Cincinnati, OH | 1 | | | | 0 |
| 11 | 515 Battle Creek, MI | 1 | | | | 0 |
| 12 | 556 North Chicago, IL | 1 | | | | 0 |
| 12 | 676 Tomah, WI | 1 | | | | 0 |
| 16 | 598 Central Arkansas HCS | 1 | | | | 0 |
| 16 | 629 New Orleans, LA | | | | 1 | 0 |
| 20 | 663 Puget Sound HCS | 1 | | | | 0 |
| 21 | 459 Hilo, HI †, ††† | 1 | | | | 0 |
| 21 | 640PA Palo Alto HCS | | | 1 | | 0 |
| 21 | 640PA Palo Alto HCS | 1 | | | | 0 |
| Total PRRP | | 14 (77.8%) | 2 (11.1%) | 1 (5.6%) | 1 (5.6%) | 2 (11.1%) |
| Total All PRRTP Programs | | 61 (59.2%) | 25 (24.3%) | 13 (12.6%) | 3 (2.9%) | 17 (16.5%) |

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.

Table 19d. SA CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY00.†

| VISN | SITE | Paid VA Staff Present 24hrs/7days | House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager†† | House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager | Other | Times during Evening, Night and Weekends without Staff Present for more than 1 hour ††† |
|----------------------------------|--------------------------|--------------------------------------|---|--|-----------------|--|
| SA CWT/TR | | | | | | |
| 1 | 523 Boston, MA | | 1 | | | 0 |
| 1 | 631 Northampton, MA | | | 1 | | 1 |
| 4 | 656A5 Pittsburgh HCS | | 1 | | | 0 |
| 6 | 590 Hampton, VA | | | 1 | | 0 |
| 10 | 541 Cleveland, OH | 1 | | | | 0 |
| 11 | 515 Battle Creek, MI | | 1 | | | 0 |
| 12 | 556 North Chicago, IL | | 1 | | | 0 |
| 13 | 568 Black Hills HCS | | 1 | | | 0 |
| 15 | 589 Kansas City, MO | | 1 | | | 0 |
| 16 | 598 Central Arkansas HCS | | | 1 | | 0 |
| 20 | 663A4 Puget Sound HCS | | 1 | | | 1 |
| 21 | 640PA Palo Alto HCS | | | 1 | | 0 |
| Total SA CWT/TR | | 1 (8.3%) | 7 (58.3%) | 4 (33.3%) | 0 (0.0%) | 2 (16.7%) |
| Total All PR RTP Programs | | 61 (59.2%) | 25 (24.3%) | 13 (12.6%) | 3 (2.9%) | 17 (16.5%) |

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.

Table 19e. HCMI CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY00.†

| VISN | SITE | Paid VA Staff Present 24hrs/7days | House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager†† | House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager | Other | Times during Evening, Night and Weekends without Staff Present for more than 1 hour ††† |
|----------------------------------|-----------------------|--------------------------------------|---|--|-----------------|--|
| HCMI CWT/TR | | | | | | |
| 1 | 518 Bedford, MA | | 1 | | | 0 |
| 2 | 500 Albany, NY | | | 1 | | 0 |
| 3 | 561A4 New Jersey HCS | | | 1 | | 1 |
| 4 | 595 Lebanon, PA | | 1 | | | 0 |
| 7 | 508 Atlanta, GA | | | 1 | | 0 |
| 16 | 635 Oklahoma City, OK | | 1 | | | 1 |
| 17 | 549 North Texas HCS | | | 1 | | 0 |
| 21 | 662 San Francisco, CA | | | 1 | | 1 |
| Total HCMI CWT/TR | | 0 (0.0%) | 3 (37.5%) | 5 (62.5%) | 0 (0.0%) | 3 (37.5%) |
| Total All PR RTP Programs | | 61 (59.2%) | 25 (24.3%) | 13 (12.6%) | 3 (2.9%) | 17 (16.5%) |

Table 19f. PTSD and General CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY00.†

| VISN | SITE | Paid VA Staff Present 24hrs/7days | House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager†† | House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager | Other | Times during Evening, Night and Weekends without Staff Present for more than 1 hour ††† |
|----------------------------------|----------------|--------------------------------------|---|--|-----------------|--|
| PTSD CWT/TR | | | | | | |
| 1 | 523 Boston, MA | | 1 | | | 0 |
| General CWT/TR | | | | | | |
| 12 | 676 Tomah, WI | | 1 | | | 0 |
| Total PTSD CWT/TR | | 0 (0.0%) | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |
| Total General CWT/TR | | 0 (0.0%) | 1 (100.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |
| Total All PR RTP Programs | | 61 (59.2%) | 25 (24.3%) | 13 (12.6%) | 3 (2.9%) | 17 (16.5%) |

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.